Every item of information should be carefully supplied. ACE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. ENT BINDING PERM WITH UNFADING INK--THIS IS A MARGIN RESERVED FOR WRITE PL

V. S. No. 1

N. B.-

| PLACE OF DEATH County Clly My | STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist, No. 12 |
|---|---|
| Village or City Natural Uld (No | St: Ward) (If death occurred in a hospital or institution, give its NAME in stead of street and number.) |
| PERSONAL AND STATISTICAL PARTICULARS | MEDICAL CERTIFICATE OF DEATH |
| 3 SEX 4 COLOR.OR RACE 5 SINGLE, MARRIED, WIDOWED. OR DIVORCED ((Write the word) | 16 DATE OF DEATH SUU. 25 45, 1921 (Month) (Day) (Year) |
| 6 DATE OF BIRTH au, 25 (Month) (Day) (Year) | that I lest saw her salve on fully 25 th 1921. |
| 7 AGE If LESS than 1 day hrs. ds. or min.? | and that death occurred on the date stated above, atm. The CAUSE OF DEATH * was as follows: |
| (a) Trade, profession or particular kind of work | Sportaciono abrilian |
| (b) General nature of industry business, or establishment in which employed or (employer) | (Duration) |
| 9 BIRTHPLACE (State or country) many land 10 NAME OF FATHER Buhy 11 BIRTHPLACE OF FATHER (State or country) many land 12 MAIDEN NAME 12 MAIDEN NAME | Contributory Secondery (Durstion) (Signed) (Signed) (Address) (Address) *State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal. |
| OF MOTHER Planse Fair Rius 13 BIRTHPLACE OF MOTHER (State or Country) Warylund | IB LENGTH OF RESIDENCE (For Hospitals, Institutions, Trensients or Recent Residents) At place of death yrs mos ds. Where was disease contracted, |
| 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE | if not at plece of dee.h? Former or usuel residence |
| (Informant) PMS. W. Bann (Address) Naturial Med | 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL , 19 |
| Filed Jan 30 1981 R. Staken Registras | 20 UNDERTAKER ADDRESS |
| If more bianks are needed, address State Registrat | r, 16 W. Saratoga St., Balto., Requesting V. S. No. 1. |

(Approved by U. S. Census and American Public Health Association.)

fulness of various pursuits can be known. The quesstate occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed definite salary), may be entered as Housewife, Houseer," etc., without more process of mine, etc. Wom-laborer, Farm laborer, Laborer—Coal mine, etc. Wom-Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Physician, Compositor, Architect, Locomotive engineer, the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of cupation is very important, so that the relative health-Statement of Occupation-Precise statement of octired 6 yrs). business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken en at home, who are engaged in the duties of the worked on may form part of the second statement. whatever, write None. household only (not paid Housekeepers who receive a Never return "Laborer," "Foreman," "Manager," "Deal-Foreman, or For many occupations a single word or term on At Home, and children, not gainfully em-For persons who have no occupation Stationary fireman, etc. But in many

Statement of Cause of Death—Name, first, the pissease causing Death (the primary affection with respect to time and causation), using always the same accepted ed term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. " Uraemia, "Exhaustion," "Heart failure," "Haemorrhage, "Inanition," "Marasmus," "Old Age," "Shock, "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, causing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis, etc. The contributory use of "Tumor" for malignant neoplasms); Measles; (name origin; "Cancer" is lcss definite; avoid inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., ol unqualified, is indefinite); Tuberculosis of lungs, mentelanus) may be stated under the head of "contributory." as-fracture of skull, and consequences (e. g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJURY State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all tions, such as "Asthenia," "Anaemia" (merely symptom-(secondary approved by Committee on Examples: Accidental drowning; Struck by railway train-Recommendations on statement of cause of death American Medical Association.) "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-"" "Weakness," etc., when a definite disease or intercurrent) affection need not be ess important. Example: Measles (disease Nomenclature of the

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

N. B .- Every item of Information should be carefully supplied. ACE should be stated EXACTLY, PHYSI-RETE PLOTY, WITH UNFADING INK--THIS IS A PERMETENT CORD

| PLACE OF DEATH | 06062 STATE OF MARYLAND |
|--|---|
| County Allegann | CERTIFICATE OF DEATH |
| WITHIN CORPORATE CIMITS | Registration Dist. No. |
| O NV N N N | APA |
| Village or City Land (No. 60 6 | St.: Ward) (If death occurred a hospital or institution, give its NAME is |
| 2FULL NAME (our d Jon | ge Bock steed of street a number.) |
| PERSONAL AND STATISTICAL PARTICULARS | MEDICAL CERTIFICATE OF DEATH |
| 3 SEX 4 COLOR OR RACE 5 INGLE. | 16 DATE OF DEATH |
| male white OR DIVORCERCE | (Month) (O (Day) / 93 (Year) |
| 6 DATE OF BIRTH | 17 HEREBY CERTIFY, That I attended the deceased fro |
| may 13 184 | 8 July Mary College Turn -, 192 |
| (Month) (Day) (Year | that I last saw halive on, 192 |
| 7 AGE V [If LESS th | an and that death occurred on the date stated above, at 2:15 P. |
| 7 28 l day h | |
| B OCCUPATION On min | |
| (a) Trade, profession or | dear before I saw from. |
| particular kind of work (b) General nature of industry | |
| business, or establishment in which employed or (employer) | (Duration)yrs mos |
| P BIRTHPLACE | Contributory |
| (State or country) | Secondary (Duration) yrs mos |
| 10 NAME OF | - 9101901X11 |
| FATHER Chard Beckman | (Signed) M. 12 2 (In) M. |
| OF FATHER | #State the Disease Couring Death or in deaths from |
| (State or country) Maryland | *State the Discase Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal. |
| OF MOTHER OF | 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Tran |
| 13 BIRTHPLACE | ients or Recent Residents) |
| OF MOTHER | At place In the State yrs mos State yrs mos mos state yrs mos mos state yrs mos mos state yrs mos mos mos mos mos mos mos mos mos mo |
| 4 THE ABOVE IS TRUE TO THE BEST O MY KNOWLEDGE | Where was disease contracted, if not at place of dea.h? |
| 4 THE ABOVE IS TRUE TO THE BEST OF MIT KNOWLEDGE | Former or |
| (Informanting C. S. Beckman | usual residence |
| | 19 PLACE OF BURIAL OR REMOVAL |
| (Address) 606 D. Carlo St. C. A. | VAY DD TO TO |
| (Address) 606 D. Enter St. C.L. | |
| 15 Fildan 12,1931. Have Helis | 20 UNDERTAKER ADDRESS |
| 15 Filedan. 12, 1921. Harvey Husis Registrar | |

(Approved by U. S. Census and American Public Health Association.)

fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocshould be used only when needed. As examples: (a) tion applies to each and every person, irrespective of definite salary), may be entered as Housewife, Housework, or At Home, and children, not gainfully emer," etc., without more process are laborer, Farm laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. the first line will be sufficient, e. g., Farmer or Planter, state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed ployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealnature of the husiness or industry, and therefore an Physician, Compositor, Architect, business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, to report specifically the occupations of persons enwhatever, write None. For many occupations a single word or term on yrs). For persons who have no occupation without more precise specification as Day Locomolive engineer, But in many

Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia,"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

> carbolic acid-probably suicide. The nature of the injury, tetanus) may be stated under the head of "contributory." "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "Exhaustion," "Heart failure," "Haemorrhage, "Inanition," "Marasmus," "Old Age," "Shock, atic), "Atrophy," "Collapse," "Coma," "Convulsions, "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage, causing death), 29 ds.; Bronchopncumonia (secondary), stated unless important. use of "Tumor" for malignant neoplasms); Measles; inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, menaccident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptom-(secondary or intercurrent) affection need not be stated unless important. Example: Measles (disease Chronic interstitial nephritis, Whooping cough; approved by Committee on Nomenclature of the as fracture of skull, and consequences (e. g., sepsis, taken. For VIOLENT DEATHS state MEANS OF INJURY State cause for which surgical operation was under-(Recommendations on statement of cause of death Examples: Accidental drowning; Struck by railway train American Medical Association.) Never report mere symptoms or terminal condi-Chronic valvular heart disease; etc. The contributory

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properly classifled. of certificate. should be stated EXACTLY, instructions on back that it may BINDI ACE K supplied. WITH UNFADING INK--THIS terms MARGIN RESERVED in ter should be carefully E OF DEATH in plai Importa very CAUSE ATION formation tate ccup/

WRITE Every item CIANS sh statement

No. 1

vi

PARENTS

15

13 BIRTHPLACE OF MOTHER

(Informant)

(State or Country)

(Address)

PLACE OF DEATH

County Allegany

WITHIN CORPORATE LIMITS

Village or City Cumberland

MARRIED

867

(Year) If LESS than

I day hrs.

Registrar

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

Memorial Hospital

(If death occurred in a hospital or institu-tion, give its NAME in-stead of street and number.)

WILLIAM BENNER 2FULL NAME

| MEDICAL CERTIFICATE OF DEATH |
|---|
| 16 DATE OF DEATH /- / 9-, 1923 |
| (Month) (Day) (Year) |
| 17 , I HEREBY CERTIFY, That I attended the deceased from |
| 1-4-1923/. to 1-19 1923/ |
| , , , |
| that I last saw h Lisalive on |
| and that death occurred on the date stated above, atm, |
| The CAUSE OF DEATH * was as follows: |
| <u> </u> |
| Lung Wisces |
| |
| |
| (Duration)yrsmosds. |
| Contributory |
| Secondary |
| (Duration) yrs imos ds. |
| (Signed) My Tillan M. D. |
| 1 11 51 |
| 1- 19-192) (Address) Lewis 1 |
| *State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal. |
| 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents) |
| At place of death yrs mos 15ds. In the State yrs mos 5ds, |
| Where was disease contracted, Saxton Penna if not at place of death? |
| Former or usual residence. Saxton, Penna |
| 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL |
| Soutan Mr Jun 31 |
| 20 UNDERTAKER ADDRESS |
| 11 - 11 1 10 |
| Harris in Oile |
| 16 W. Saratoga St., Balto., Requesting V. S. No. 1 |
| |

PERSONAL AND STATISTICAL PARTICULARS 3 SEX 4 COLOR OR RACE MARRIED. WIDOWED, OR DIVORCED (Write the word) MALE WHITE 6 DATE OF BIRTH 31 DEC (Month) (Day) 7 AGE 8 OCCUPATION (a) Trade, profession or INSURANCE particular kind of work (b) General nature of industry business, or establishment in which employed or (employer) 9 BIRTHPLACE (State or country) PENNA 10 NAME OF FATHER THOMAS BENNER 11 BIRTHPLACE OF FATHER PENNA (State or country) 12 MAIDEN NAME BOWSER OF MOTHER

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

PENNA

CUMBERLAND MD

If more branks are needed, address State Registres

MEMORIAL HOSPITAL

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from definite salary), may be entered as Housewife, Houseshould be used only when needed. As examples: (a) additional line is provided for the latter statement; it Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many cupation is very important, so that the relative healthwhatever, write Nonc. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken en at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a er," etc., nature of the husiness or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necesthe first line will be sufficient, e. g., Former or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The ques-Statement of Occupation-Precise statement of ocworked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealaborer, Foremon, or At Home, and children, For many occupations a single word or term on yrs). For persons who have no occupation Farm laborer, Loborer-(b) Cotton mill; (a) Salesmon, (b) without more precise, specification as Day (b) Automobile factory. The material -Coal minc, etc. Womnot gainfully em-Grocery,

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5

MARGIN RESERVED FOR

PLACE OF DEATH

County allegany

STATE OF MARYLAND CERTIFICATE OF DEATH

| St.: | Ward) | a hospital | occurred in or institu- its NAME in- street and |
|------|-------|------------|--|
| | 11 | stead or | actions and |

| 71/1 // | Registration Dist. No. |
|--|---|
| Village or City We Summet (No. | St.: Ward) (If death occurred in a hospital or institu |
| | tion, give its NAME in stead of street an |
| ² FULL NAME | number.) |
| PERSONAL AND STATISTICAL PARTICULARS | MEDICAL CERTIFICATE OF DEATH |
| 3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED. OR DIVORCED (Write the word) | (Month) (Day) (Year) |
| 6 DATE OF BIRTH (Month) (Day) (Year) | that I last saw # Make on Jun 20 1921 |
| 7 AGE If LESS than | |
| l dayhrs. | The CAUSE OF DEATH * was as follows: |
| yrsds. ormin.? | |
| (a) Trade, profession or particular kind of work | Sportanenio abrila |
| (b) General nature of industry | |
| business, or establishment in which employed or (employer) | (Duration)wrs,mosd |
| 9 BIRTHPLACE (State or country) manyland | Contributory Secondary (Duration) yrs |
| FATHER James Blubaugh | (Signed) (Address) Muslaus Cus |
| OF FATHER (State or country) (State or country) | *State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal. |
| of Mother Many Ross | 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Tranients or Recent Residents) |
| 13 BIRTHPLACE OF MOTHER (State or Country) Manyland | At place of deathyrsmosds. In the Stateyrsmosd |
| 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE | Where was disease contracted, if not at place of death? |
| (Informant) Mrs. Jas. Blubauch | Former or usual residence |
| (Address) Vale Summit hid | 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL |
| Filed 73 1923/ DEVILOM Lang F | 20 UNDERTAKER ADDRESS |

If more banks are needed, addre.s State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

REVISED CERTIFICATE OF DEATH UNITED STATES STANDARD

(Approved by U. S. Census and American Public Health Association.)

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BURE anestly fied answered in detail, it will prevent further correspondence. All the date is essential and must be obtained before the certificate is If this certificate is looked over thoroughly and all questions

PLACE OF DEATH

Every Item of Information should be carefully supplied. ACE should be stated EXACTLY, PHYSI-CANS should state CAUSE OF DEATH in plain terms so that it may be properly classified. Exact BINDING PERM WITH UNFADING INK-THIS IS A

MARGIN RESERVED FOR

WRITE PI

V. S. No. 1

| County County | Regne | n | (46) | CERTIFICA | TE OF DEATH |
|---|-----------------------|---|-----------------------|--|---|
| WITHIN CORPO | RATHLIMITS | 1. 0- | 2011 | Registratio | on Dist. No. |
| Village or City 2FULL N | mberlan AME Man | niet Bou | oling . | 5t.: 5 Wa | (If death occurred in a hospital or institution, give its NAME in stead of street an number.) |
| PERSONAL | AND STATISTICAL | . PARTICULARS | м | IEDICAL CERTIFICATI | E OF DEATH |
| 3 SEX A C | with will of | NGLE, ARRIED Widow DOWED. P DIVORCED rite the word) | 16 DATE OF D | Faulury (Month) | 18 - 19 3 1 (Year) |
| 6 DATE OF BIRTH | nov | 7 ,185 | g fau. | 19 30 to 4 | attended the deceased from |
| 7 AGE | (Month) | (Day) (Year If LESS the I day hear or min | and that death | n occurred on the date stars. DEATH * was as follows: | ted above, at 11 4 3 0 Pm |
| 8 OCCUPATION (a) Trade, profession particular kind of | work Y | se duty | baro | a fo owar | - Lougi |
| (b) General nature business, or establish which employed or | shment in | 1// | | | |
| 9 BIRTHPLACE (State or country) | Mary | land | Contributor | | yrsds |
| 10 NAME OF FATHER | nPJ4 | awkin | (Signed) ha | 1913 (Address) los | M. D. Judesland, W |
| OF FATHER (State or count | | yland | | the Disease Causing Deases, state (1) Means of uicidal or Homicidal. | |
| Y OF MOTHER | Rebeaca | morton | | OF RESIDENCE (For Hosent Residents) | spitals, Institutions, Trans |
| 13 BIRTHPLACE OF MOTHER (State or Count | | mland | At place of deathyrs. | ds. In see contracted. | the Stateds |
| 14 THE ABOVE IS TRE | UE TO THE BEST OF I | MY KNOWLEDGE | if not at place of | | |
| (Informant) | 129 Turan | St. Teles | usual residence | BURIAL OR REMOVAL | DATE OF BURIAL |
| 15 Filman. 2 | 0,1931. Har | vey H. Ward Registrar | onden of | Deet Ler | ADDRESS Secuber land |
| lf lf | more bianks are needs | ed, alignous State Regist | rar, 16 W. Saratogs | a St., Balto., Requesting | P. S. No. 1. / 91 d |

00005

STATE OF MARYLAND

(Approved by U. S. Census and American Public Health Association.)

er," etc., without more precise specification as will laborer, Farm laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocstate occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been charged work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, Housenature of the business or industry, and therefore an Physician, Compositor, Architect, Locomotive engineer, whatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, ployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. report specifically the occupations of persons en-For many occupations a single word or term on yrs). For persons who have no occupation But in many (6)

Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

> inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid tetanus) may be stated under the head of "contributory." accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, "PUERPERAL septicaemia," "PUERPERAL peritonitis, can be ascertained as the cause. Always qualify all "Uraemia, "Exhaustion," "Heart failure," "Haemorrhage, "Inanition," "Marasmus," "Old Age," "Shock, "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles; approved by Committee on Recommendations on statement of cause of death as fracture of skull, and consequences (e. g., sepsis, carbolic acid—probably suicide. The nature of the injury, Examples: Accidental drowning; Struck by railway train-State cause for which surgical operation was underdiseases (secondary or intercurrent) affection need not be Whooping cough; unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS state MEANS OF INJURY resulting from childbirth or miscarriage as "" "Weakness," etc., when a definite disease Chronic valvular heart disease; Example: Measles (disease etc. The contributory Nomenclature of the

If this certificate is looked over thoroughly and all questions appeared in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

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| VITI | County | OF DEATH ALLEGANY PORATE LIMITS | | 82°C) | STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. |
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| Vil | | | | | St.: Ward) (If death occurred a hospital or institution, give its NAME stead of street a number.) |
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| 7 1 | AGE . | 6 8 yrs. 9 | mos. 4 ds. If LESS the laday has or mi | rs. The CAUSE OF DE | arred on the date stated above, at 7:50 P |
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| _ | which employ BIRTHPLACE (State or co | yed or (employer) | /LAND | Contributory | (Duration) yrs. mos. |
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| ENTS | SIRTHPLACE (State or co | yed or (employer) | CLAND BRIENDLINGER | Secondary (Signed) 192 | DUINION TO MAN |
| NTS | INTHPLACE (State or co | JOHN E LACE HER r country) NARY | CLAND BRIENDLINGER | (Signed) | Disease Causing Death, or, in deaths from state (1) Means of Injury and (2) Whether I or Homicidal. |
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(Approved by U. S. Census and American Public Health Association.)

whatever, write None. tired 6 yrs). business, that fact may be indicated thus; Farmer (ie. state occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH gaged in domestic service for wages, as Screant, Cook, to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a Spinner, (b) Cotton mill; (a) Salesman, (b) should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many Housemaid, etc. If the occupation has been changed en at home, who are engaged in the duties of the laborer, er," etc., without more precise specification as Day Never return "Laborer," "Foreman," "Manager," "Dealnature of the business or industry, and therefore an the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. cupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocworked on may form part of the second statement. Foreman, or At Home, and children, not gainfully em-For many occupations a single word or term on Farm laborer, For persons who have no occupation (b) Automobile factory. The material Laborer-Coal minc, etc. Wom-Grocery;

Statement of Cause of Death—Name, first, the DISCE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accept of time and causation), using always the same accept of the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

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"Uraemia," "Weakness," etc., when a definite disease causing death), 29 ds.; Bronchopneumonia (secondary), Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Mcasles; unqualified, is indefinite); Tuberculosis of lungs, men-If this certificate is looked over thoroughly and a'l questions Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS state MEANS OF INJURY cough; Chronic etc. The contributory valvular heart disease; Nomenclature

REVISED CERTIFICATE OF DEATH UNITED STATES STANDARD

(Approved by U. S. Consus and American Public Health Association.)

business, that fact may be indicated thus; Furmer (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH gaged in domestic service for wages, as Scream, Could ployed. as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Houseworked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, (b) Cotton mill; (a) Salesman. should be used only when needed. additional line is provided for the latter statement; i nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write Nonc. en at home, who are engaged in the duties of the er," etc., (a) Foreman, (b) Automobile factory. The insterial Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, the first line will be sufficient, e. g., Farmer ar Planter, tion applies to each and every person, irrespective of Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons enhousehold only (not paid Housekeepers who receive a For many occupations a or At Home, and children, especially in industrial employments, it is necesyrs). Farm laborer, Laborerwithout more precise specification as Day For persons who have no occupation single word or term on -Coal mine, etc. Wom-Locomotive engineer, not gainfully em-As examples: (a) 6) Grocery,

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carbolic acid-probably suicide. Then ture of the injury approved by Committee on Nomenclature retains) may be stated under the head of "contributory." American Medical Association.) If this certificate is looked over thoroughly and all questions as fracture of skull, and consequences (e.g., sepsis, actident; Revolver wound of head-homicide; Poisoned by (Recommendations on statement of cause of diseases resulting from childbirth or miscarriage as "PUERPERAL septicuemia," "PUERPERAL peritonitis," etc. or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJURY State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all "Inanition," "Marasmus,
"ITaemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy," "E:haustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," tions, such as "Asthenia," "Anaemia" (mcrely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. (secondar, use of "Tumor" for malignant neoplasus); Measles, inges, perilonaeum, etc., Corcinoma, Sorcoma, etc., oi unqualified, is indefinite); Tuberculosis of lungs, men-Examples: Accidental drowning; Struck by railway troin "Atrophy." "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condiinterstitial nephritis, (name origin; "Cancer" is less definite; avoid cough; or intercurrent) affection need not be Chronic Example: Meosles (disease valvular heort disease; etc. The contributory

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| thould be carefully supplied. ACE should be stated EXACTLY, PHYSI. OF DEATH in plain terms so that it may be properly classified. Exact is very important. See instructions on back of certificates. | PHYSI- d. Exact |

| HYSI- Exact | PLACE OF DEATH County Milegann. | STATE OF MARYLAND CERTIFICATE OF DEATH |
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| CORD Classified. | Village or City Williams (No. 40 Hungs 2FULL NAME Pragary) Eliza | Registration Dist. No. 4 St.: 5 3 Ward) (If death occurred in a hospital or institution, gits NAME intend of street and |
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(Approved by U. S. Census and American Public Health Association.)

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Statement of Cause of Death—Name, first, the Disease Causing Death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebro-dever (the only definite synonym is "Epidemic cerebro-spinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

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PLACE OF DEATH STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. (If death occurred in a hospital or institu-tion, give its NAME is-stead of street and m Buch number.) PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 5 SINGLE. 4 COLOR OR RACE 16 DATE OF DEATH MARRIED WIDOWE on back OR DIVOR (Month) ... (Dav) 6 DATE OF BIRTH I HEREBY CERTIFY, That I attended the deceased from Instructions (Month) (Day) 7 AGE Ilf LESS than and that death occurred on the date stated above, at 1 day hrs. The CAUSE OF DEATH * was as follows: RESERVED or min.? 8 OCCUPATION See (a) Trade, profession or particular kind of work pia (b) General nature of industry business, or establishment in Importa (Duration) which employed or (employer) ARGIN Contributory 9 BIRTHPLACE Secondary (State or country) 4 (Duration) ... DO 10 NAME OF FATHER (Signed). 192 (Address) 11 BIRTHPLACE ARENTS OF FATHER S *State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether (State or country) Accidental, Suicidal or Homicidal. 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents) 13 BIRTHPLACE In the At place OF MOTHER (State or Country) Where was disease contracted, if not at place of death?.. shoul Every Item CIANS sho statement c Former or usual residence. DATE OF BURIA DDRESS If more branks are needed, addre.s State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

REVISED CERTIFICATE OF DEATH UNITED STATES STANDARD

(Approved by U. S. Census and American Public Health Association.)

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V. S. No. 1

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| PLACE OF DEATH | 00010 |
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| WITHIN CORPORATE LIMITS | Registration Dist. No. |
| Village or City berber (No. Allege | wy Horb. St.: Ward) (If death occurred in a hospital or institu- |
| 2FULL NAME William | tion, give its NAME in- stead of street and number.) |
| PERSONAL AND STATISTICAL PARTICULARS | MEDICAL CERTIFICATE OF DEATH |
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| male while more d | (Month) (Day) (Year) |
| 6 DATE OF BIRTH | I HEREBY CERTIFY That I attended the decessed from |
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| l day hrs. | The CAUSE Of DEATH * was as follows: |
| yrsds. ormin.? | the the state build |
| (a) Trade, profession or Pool & Bowling alley | facing 1 aces of wife |
| (b) General nature of industry business, or establishment in | /5 |
| which employed or (employer) | Contributory Off Contributory Off Contributory |
| 9 BIRTHPLACE (State or country) | Secondary |
| 10 NAME OF | (Simple) Black Duration) yrs mos ds. |
| 11 BIRTHPLACE John Canty 13 | Gigned) M. D. |
| OF FATHER (State or country) | *State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether |
| 12 MAIDEN NAME OF MOTHER L/2 | Accidental, Suicidal or Homicidal. 16 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- |
| 13 BIRTHPLACE | ients or Recent Residents) |
| (State or Country) Prel and | At place of deathyrsmosds. In the Stateyrsmosds. |
| 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE | Where was disease contracted, umberland md if not at place of death? |
| (Informant) Mer 6 & B agle | Former or 20 S. Mechanist, Cumberland- |
| (Address) Data wit Praide | 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL |
| 15 4 0 9 31 // W/10 | 20 UNDERTAKER ADDRESS |
| Filed L. L. 1901. Amy J. Whose Registrar | Foris Storie Les Combadas |
| If more blanks are needed, addre-s State Registrar | 16 W. Saratoga St., Balto., Requesting V. S. No. 1. |

(Approved by U. S. Census and American Public Health Association.)

worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealdefinite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a Laborer, should be used only when needed. As examples: (a) fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocer," etc., without more precise specification as Day laborer, Farm laborer, Laborer—Coal mine, etc. Wom-Spinner, (b) Colton mill; (a) Salesman, (b) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of tired 6 yrs). For persons who have no occupation state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, work, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons enwhatever, write None. Foreman, For many occupations a single word or term on home, who are engaged in the duties of the (b) Automobile factory. The material Grocery;

Statement of Cause of Death—Name, first, the pisease Causing Death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospihal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopmeumonia ("Pneumonia,")

diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. stated unless important. inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of unqualified, is indefinite); Tuberculosis of lungs, men-(Recommendations on statement of cause of death telanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e. g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. For VIOLENT DEATHS state MEANS OF INJURY State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Shock," "Old Age," "Shock," tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection need not be Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis, etc. The contributory use of "Tumor" for malignant neoplasms); (name origin; "Cancer" is less definite; avoid approved by Committee on Nomenclature of the American Medical Association.) "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-Example: Measles (disease Measles;

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

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(Approved by U. S. Census and American Public Health Association.)

laborer, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it fulness of various pursuits can be known. The quescupation is very important, so that the relative healthstate occupation at beginning of illness. If retired from gaged in domestic service for wages, as Screant, Cook ployed, as At school, or At home. Care should be taken work, or At Home, and children, not gainfully emen at home, who are engaged in the duties of the er," etc., Spinner, nature of the business or industry, and therefore an sary to know Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of Statement of Occupation-Precise statement of ocwhatever, write Nonc. business, that fact may be indicated thus; Farmer (no or given up on account of the DISEASE CAUSING DEATH, Househuid, etc. If the occupation has been changed to report specifically the occupations of persons endefinite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Foreman, (b) For many occupations a single word or term on especially in industrial employments, it is neces-Farm laborer, Laboreryr8). (b) Cotton mill; (a) Salcsman. without more precise specification as Day For persons who have no occupation (a) the kind of work and also (b) the Automobile factory. The material -Coal minc, etc. (b) Groccry; Wom-

Easts (NUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphlheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

letunus) may be stated under the head of "contributory." diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "Exhaustion," "Heart failure," "Haemorrhage, "Inanition," "Marasmus," "Old Age," "Shock, atic), "Atrophy," "Collapse," "Coma," "Convulsions, "Debility" ("Congenital," "Senile," etc.), "Dropsy," ("Exhaustion," "Heart failure," "Haemorrhage," (secondary or intercurrent) affection need not be stited unless important. Example: Measles (disease inges, perilonacum, etc., Carcinoma, Sarcoma, etc., of American Medical Association.) approved by carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles; (name origin; "Cancer" is less definite; avoid (Recommendations on statement of cause of death as fracture of skull, and consequences (e. g., sepsis, State cause for which surgical operation was under-Whooping cough; unqualified, is indefinite); Tuberculosis of lungs, men-Examples: Accidental drowning; Struck by railway train-Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS state MEANS OF INJULY Committee on Chronic valvular heart disease, etc. The Nomenclature contributory

If this certificate is looked over thoroughly and a'l qu stions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

| 1PLACE OF DEATH | 00013 STATE OF MARYLAND |
|--|---|
| County Lelle gang | CERTIFICATE OF DEATH |
| WITHIN CORPORATE LIMITS | Registration Dist. No. |
| Village or City Bunkerland (No. bunty as | Ward) (If death occurred in a hospital or institution, give its NAME listend of street and number.) |
| PERSONAL AND STATISTICAL PARTICULARS | MEDICAL CERTIFICATE OF DEATH |
| 3 SEX 4 COLOR OR RACE 5 SINGLE. MARRIED, WIDOWEO. Female White OR DIVORCED (Write the word) | 16 DATE OF DEATH - 23 - 1923 - (Month) (Day) (Year) |
| 6 DATE OF BIRTH about | 17 I HEREBY CERTIFY, That I attended the deceased from |
| (Month) (Day) (Year) | that 1 last saw h |
| 7 AGE [If LESS than | and that death occurred on the date stated above, at a_m. |
| Obout 72 yrs. mos. ds. or min.? | The CAUSE OF DEATH * was as follows: |
| 8 OCCUPATION (a) Trade, profession or particular kind of work | The pelever |
| (b) General nature of industry business, or establishment in which employed or (employer) | (Duration)yremosds. |
| 9 BIRTHPLACE (State or country) | Contributory Secondary (Durton) yrs mos. ds. |
| 10 NAME OF FATHER | (Signed) |
| OF FATHER Z (State or country) | *State the Liscase Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal. |
| OF MOTHER | 10 LINGTH OF RESIDENCE (For Hospitals, Institutions, Transferate or Recent Residents) |
| 13 BIRTHPLACE OF MOTHER (State or Country) | At place / Syrs. 9. mos. 11. ds. In the State |
| 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE | Where was disease contracted berland, Md. it not at place of dea h? |
| (Informant) Suft. Asylum | Former or usual residence Cumberland, Md |
| (Address) frankellen Amd | Alla a and benefits fam 24 193.0 |
| 15 Filed Jan. 24 1931. Have H. Weisa Registras | Laur Mering Bily |
| If more blanks are needed, address take Negistral | r, 18 W. Saratoga St., Balto., Requesting V. S. No. 1. |



CERTIFICATE OF DEATH UNITED STATES STANDARD

(Approved by U. S. Census and American Fublic Health Association.)

household only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, House-Spinner, (b) Colton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material fulness of various pursuits can be known. The queswhatever, write None. tired 6 yrs). For persons who have no occupation state occupation at beginning of illness. If retired from Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook, work, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken laborer, Farm laborer, Laborer-Coal mine, etc. Women at home, who are engaged in the duties of the er," etc., should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Physician, Compositor, Architect, the first line will be sufficient, e. g., Farmer or Planter, tion applies to e.ch and every person, irrespective cf cupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocbusiness, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, to report specifically the occupations of persons en-Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. For many occupations a single word or term on without more precise specification as Day Stationary fireman, etc. But in many Locomotive engineer,

s; inal menin itis"); Dinhtheria (avoid use of "Croup"); fever (the only definite synonym is "Epidemic cerebroed term for the same dise se. Examples: Cerebrospinal to time and causation), using always the same accept-EASE CAUSING DEATH (the primary affection with respect Statement of Cause of Death-Name, first, the DIS-Typhoid fever (never report "Typhoid Pneumonia"); pneumonia, Bronchopaeumonia ("Pneumonia,

> as fracture of skull, and consequences (e.g., sepsis, telanus) may be stated under the head of "contributory." inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid st_ted unless important. Recommendations on statement of cause of State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "Debility" ("Congenital," "Senile," etc.), "Drcpsy,"
> "E haustion," "Heart failure," "Haemorrhage,"
> "Inanition," "Marasmus," "Old Age," "Shock,"
> "Ursemia," "Weakness," etc., when a definite disease causing death), 29 ds.; Bronchopneumonia (secondary), Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles; approved by Committee on Nomenclature American Medical Association.) carbolic acid-probably suncide. The n-ture of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, taken. For VIOLENT DEATHS state MEANS OF INJULY can be ascertained as the cause. Always qualify all tions, such as "Asthenia," "Anaemia" (merely symptom-(secondary or intercurrent) affection need not be Whooping cough; unqualified, is indefinite); Tuberculosis of lungs, men-"Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-ChronicExample: Measles (disease valvular heart disease; etc. The contributory

Bermanently filed. data is essential and must be obtained before the certificate is answered in detail, it will prevent further correspondence. If this certificate is looked over thoroughly and all questions

(Approved by U. S. Census and American Public Health Association.)

Spinner, additional line is provided for the latter statement; it Statement of Occupation-Precise statement of ocshould be used only when needed. As examples: (a) nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necesthe first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative healthhousehold only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, Housework, or At Home, and children, not gainfully em-Civil engineer, state occupation at beginning of illness. If retired from er," etc., without more precise specification as Day laborer, Farm laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Physician, whatever, write None. tired 6 yrs). business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken nner, (b) Cotton mill; (a) Salesman, (b) Grocery; Foreman, (b) Automobile factory. The material For many occupations a single word or term on Compositor, Architect, Locomotive engineer, For persons who have no occupation Stationary fireman, etc. But in many

Statement of Cause of Death—Name, first, the Disease Causing Death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid •Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, "Inanition," "Marasmus," "Old Age," "Shock, stated unless important. use of "Tumor" for malignant neoplasms); Measles; "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) Chronic interstitial nephritis, Whooping cough; unqualified, is indefinite); Tuberculosis of lungs, mentelanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJURY State cause for which surgical operation was underapproved by Committee on (Recommendations on statement of cause of death as fracture of skull, and consequences (e. g., sepsis, Examples: Accidental drowning; Struck by railway train-American Medical Association.) "Atrophy," "Collapse, Never report mere symptoms or terminal condi-Chronic valvular heart disease; Example: Measles (disease "," "Coma," "Convulsions, etc. The contributory affection need not be Nomenclature

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ON σú 1PLACE OF DEATH

| utside of Allegany | CERTIFICATE OF DEATH Registration Dist. No. |
|--|--|
| Willige or City Sumberland, Nd. (No. Hin 2FULL NAME Stillborn | (If d-ath occurred in a hospital or institution, give its NAME in stend of street and number.) |
| PERSONAL AND STATISTICAL PARTICULARS | MEDICAL CERTIFICATE OF DEATH |
| Male White Single Widowed. White OR DIVORCED (Write the word) | 16 DATE OF DEATH January /7 , 198/ (Month) (Day) (Year) |
| January 18 , 1971 (Month) (Day) (Year) | 17 I HEREBY CERTIFY, That lattended the deceased from Jan. 7 192 to 7 192 that I last saw h m slives on 17 192 |
| 7 AGE If LESS than I dayhrs. ds. ormin.? | and that death occurred on the date stated above, at |
| (a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in which employed or (employer) 9 BIRTHPLACE (State or country) Cumberland, Md. | Contributory Secondary (Dystion) (Dystion) (Dystion) (Dystion) (Dystion) (Dystion) |
| OF FATHER Don't know II BIRTHPLACE OF FATHER (State or country) On't know (| (Signed) (Address) Cumberland, M. D. State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether |
| of Mother Ethel M. Cook. | Accidental, Suicidal or Homicidal. 18 LINGTH OF RESIDENCE (For Hospitals, Institutions, Francients or Recent Residents) |
| OF MOTHER Spring Gap, Md. | At place of deathyrsmosds. In the Stateyrsmosdi |
| (Informant) The BEST OF MY KNOWLEDGE (Address) Tinkle Road: | Former or usual residence 19 PLACE OF BURIAL OR REMOVAL Consider of the property of the prop |
| Filed 192 1 Registral Registral If more b.anks are needed, address tate Negistral | By the family Tumberlan |

STATE OF MARYLAND

(Approved by U. S. Census and American Fublic Health Association.)

household only (not paid Housekeepers who receive a work, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken laborer, Farm laborer, Laborer-Coal mine, etc. Womfulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocdefinite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e.g., Farmer or Planter, tion applies to each and every person, irrespective ci tired 6 yrs). state occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed er," etc., worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealnature of the business or industry, and therefore an Physician, Compositor, Architect, Locomotive engineer, whatever, write None. business, that fact may be indicated thus; Farmer (rereport specifically the occupations of persons en-For many occupations a single word or term on without more precise specification as Day For persons who have no occupation

Statement of Cause of Death—Name, first, the Disease Causing Death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia," Lobar pneumonia, Bronchopaeumonia ("Pneumonia,"

atic), "Atrophy." "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "E.haustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL perilonitis," etc. 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomst_ted unless important. use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, mencausing death), 29 ds.; Bronchopneumonia (secondary), (secondar; or intercurrent) affection need not be st.ted unless important. Example: Measles (disease Chronic interstitial nephritis, Whooping cough; (name origin; "Cancer" is less definite; avoid approved by Committee on Nomenclature telanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all Examples: Accidental drowning; Struck by railway train— (Recommendations on statement of cause of American Medical Association.) FOR VIOLENT DEATHS state MEANS OF INJULY Chronic valvular heart disease; nephritis, etc. The contributory contributory

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the dark is essential and must be obtained before the certificate is permanently filed.

| 1 | CARE |
|--|---|
| PLACE OF DEATH | STATE OF MARYLAND |
| PLACE OF DEATH County Ullgamy WITHIN CORPORATE LIMITS WITHIN CORPORATE WITHIN CORPO | CEDTIFICATE OF DEATH |
| County | CERTIFICATE OF DEATH |
| 7(/ 1/ | Registration Dist. No. |
| Village or City fracting (No. huners | Associal St.: Ward) (If death occurred in |
| y | St.: Ward) a hospital or institution, give its NAME in stead of street and |
| 2 FULL NAME Serrence Creed | stead of street and number.) |
| -FOLE NAME | Manuel., |
| PERSONAL AND STATISTICAL PARTICULARS | MEDICAL CERTIFICATE OF DEATH |
| 3 SEX 4 COLOR OR RACE 5 SINGLE, manual | 16 DATE OF DEATH |
| WIDOWED. | au. 103 |
| male white (Write the word) | (Month) (Day) (Year) |
| 6 DATE OF BIRTH | 17 I HEREBY CERTIFY, That Lattended the deceased from |
| 1, bt. 7322 16/2 | alec /21 100 to See 7th 1931 |
| 1663 | that I last saw he simalive on the 7th 197/ |
| (Month) (Day) (Year) | () (100 |
| 7 AGE If LESS than | |
| 67 yrs. 3 mos. 15 ds. or min. | The CAUSE OF DEATH * was as follows: |
| mos, / ds. or min.? | |
| (a) Trade, profession or actived Coal Vinner | Ulmmay Julmuloses |
| | |
| (b) General nature of industry business, or establishment in | 4 |
| which employed or (employer) | (Duration) yrs. 7 mos. ds. |
| 9 BIRTHPLACE | Contributory Secondary |
| (State or country) | (Duration) yrs mos 3 ds |
| 10 NAME OF | my dr. est |
| FATHER PATTERILE COLLEGE | (Signed) M. D. |
| IN 11 BIRTHPLACE | Jan. 8 190 (Address) Milliand - Mil |
| OF FATHER Z (State or country) | *State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal. |
| ш | Accidental, Suicidal or Homicidal. |
| of MOTHER ALLEA O'Common | 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans |
| 13 BIRTHPLACE | ients or Recent Residents) At place In the |
| OF MOTHER (State or Country) | of deathyrsds. Stateyrsds |
| 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE | Where was disesse contracted, if not at place of dea.h? |
| THE ABOVE IS TRUE TO THE BEST OF MIT KNOWLEDGE | Former or |
| (Informant) Mulhail Cregue | usual residence |
| To it - Opel | 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL |
| (Address), Mishiana 1949) | St. Michaeli Juw. 10th, 1931 |
| 15 51 /10 100 DUMO MC Lane H | 29 UNDERTAKER ADDRESS |
| Filed 193/ Registrar | V. C. Durch Frethus his |
| If more banks are needed, address State Registral | 16 W. Saratoga St., Balto., Requesting V. S. No. 1. |

(Approved by U. S. Census and American Public Health Association.)

fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocen at home, who are engaged in the duties of the Spinner, (b) Collon mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the tion applies to each and every person, irrespective of whatever, write None. tired 6 yrs). For persons who have no occupation business, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. Civil engineer, Physician, Compositor, Architect, Foreman, first line will be sufficient, e. g., Farmer or Planter, or At Home, and children, not gainfully em-For many occupations a single word or term on especially in industrial employments, it is neceswithout more precise specification as Day Stationary fireman, etc. But in many Locomotive engineer,

Statement of Cause of Death—Name, first, the Dis-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

> diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," stated unless important. (name origin; "Cancer" is less definite; avoid inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptom-Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis, etc. The contributory use of "Tumor" for malignant neoplasms); approved by Committee on Nomenclature of the telanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e. g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease causing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection need not be stited unless important. Example: Measles (disease unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) (Recommendations on statement of cause of death Examples: Accidental drowning; Struck by railway train taken. FOR VIOLENT DEATHS state MEANS OF INJURY "Atrophy," "Collapse," "Coma," "Convulsions, etc. The Measles ;

If this certificate is looked over thoroughly and a'l questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

V. 8. No. 1

| | · BEvery item of information should be carefully supplied. ACE should be stated EXACTLY, PHYSI- | CIANS should state CAUSE OF DEATH In plain terms so that it may be properly classified. Exact | 1 | |
|---|---|---|---|--|
| | e stated EXA | e properly cla | k of certificate | |
| • | ACE should b | that it may b | ctions on bacl | |
| | uily supplied. | plain terms so | statement of OCCUPATION is very important. See instructions on back of certificate. | 1 |
| | ould be caref | OF DEATH IN | very importa | / |
| | pformation sh | State CAUSE | SCUPATION IS | |
| | ery item of i | ANS should | atement of O(| |
| | . BEV | Ö | 81 | The state of the s |

| | PLACE OF DEATH | | 00016 STATE OF MARYLAND |
|------|--|---|---|
| | County | | CERTIFICATE OF DEATH |
| | WITHIN CORROBATE LIME (No. 11 | Johns | Registration Dist. No. 4 |
| Vi | 2FULL NAME John . M. Cresap | | St.: 1 Ward) (If death occurred in a hospital or institution, give its NAME it stead of street an number.) |
| | PERSONAL AND STATISTICAL PARTICUL | ARS | MEDICAL CERTIFICATE OF DEATH |
| 3 | Male White Single, MARRIED, WIDOWED. OR DIVORCED (Write the word) | Single | 16 DATE OF DEATH Jan. 25.1931 , 192 (Month) (Day) (Year) |
| 6 | Dec 30 1851 (Month) (Day) | , 1 | 17 I HEREBY CERTIFY, That I attended the deceased from |
| 7 | AGE 79 26 | If LESS than I day hrs. or min.? | n and that death occurred on the date stated above, at |
| 0. | (a) Trade, profession or Retired Salesma particular kind of work (b) General nature of industry pusiness, or establishment in which employed or (employer) | <u>n</u> | Contributory (Moscic Bright & Sie |
| | (State or country) Md 10 NAME OF FATHER Daniel.Cresap | | (Signed) (Duration) 7 yrs. mos. ds |
| ENTS | 11 BIRTHPLACE OF FATHER (State or country) | | *State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal. |
| PAR | of Mother Rebecca. McCarth | y | 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans |
| | 13 BIRTHPLACE OF MOTHER (State or Country) | | At place In the of death yrs |
| 14 | (Informant) Harry Frost | OGE | Former or usual residence. |
| | (Address) Cumberland Ad | *************************************** | Rose Hill Jan. 27. 1931 |
| 15 | Filodan . 27, 1931. Hawey Kil | Versa | John.C.Wolford Cumberland. Md |
| | V If more branks are needed, address at | ate Registrar | ar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1. |



(Approved by U. S. Census and American Public Health Association.)

Statement of Occupation-Precise statement of oc-Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the the first line will be sufficient, e.g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative healthhousehold only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, Housework, or At Home, and children, not gainfully emcases, especially in industrial employments, it is neceser," etc., without more precise specification as Day laborer, Farm laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the nature of the business or industry, and therefore an Civil engineer, Physician, tired 6 yrs). business, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook, to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. whatever, write None. For many occupations a single word or term on Compositor, Architect, Locomotive engineer, For persons who have no occupation Stationary fireman, etc. But in many

Statement of Cause of Death—Name, first, the DIS-BASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia,"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

> telanus) may be stated under the head of "contributory." stated unless important. use of "Tumor" for malignant neoplasms); Measles; inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid approved by Committee on Nomenclature carbolic acid-probably suicide. The nature of the injury, "Debility" ("Congenital," "Senile," etc.), "Dropsy," ("Exhaustion," "Heart failure," "Haemorrhage," "Shock," "Old Age," "Shock," tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), Whooping cough; Chronic Chronic interstitial nephritis, unqualified, is indefinite); Tuberculosis of lungs, menaccident; Revolver wound of head-homicide; Poisoned by and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, "PUERPERAL seplicaemia," "PUERPERAL perilonilis," etc. can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease as fracture of skull, and consequences (e. g., sepsis, or as probably such, if impossible to determine definitely. taken. FOR VIOLENT DEATHS state MEANS OF INJURY State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as (secondary or intercurrent) American Medical Association.) (Recommendations on statement of cause of death Examples: Accidental drowning; Struck by railway train-"Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-Chronic Example: Measles (disease etc. The contributory affection need not be valvular heart disease;

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

| (III | SI- act | 1PLACE | OF | DEAT |
|------|------------|--------|----|------|
|------|------------|--------|----|------|

Allegany County

(127)

00018

STATE OF MARYLAND CERTIFICATE OF DEATH

| 11 NI | CORPO | RATE LIMITS | | | | Registration I | Dist. No. |
|---------|----------|-------------|--------|----------|----------|----------------|-----------|
| | | | In Cal | Allegeny | Hospital | | |
| Village | or City_ | | (No | | | Ward) | (If deat |

Watini Curtis

Ward)

(If death occurred in a hospital or institu-tion, give its NAME is stead of street and number.)

| _ | | NAME | | | | | |
|----------------|--|-------------------------|--------------------------|----------------------------|---|--------|------------------------------------|
| SI | PERSONA | | OR RACE | S SING MAR WID OR | | wid | ow |
| D. | ATE OF BIRT | 4 | May | 10 | 186 | 6 , 1 | |
| AG | GE (| 53 yr: | (Month | | (Day) 23 | If LES | (Year) SS than hrs. min.? |
| (b bu wl | Trade, profuticular kind General national siness, or estatich employed | ure of in- ablishmen | dustry it in oyer) | | *************************************** | | ************* |
| 1 | (State or count 10 NAME OF FATHER | | ckis | Pana | agota | cos | |
| | OF FATHER | 2 | Gree | ce | | | |
| | 12 MAIDEN N | | ont Er | 10W | | | |
| - | 13 BIRTHPLA OF MOTHE (State or Co | R | Gree | ece | | | |
| Т | (Informant) (Addres | P | eter (| urt | is. | | |
| 5 | Filedan: | 1. | 931.1 | tan | rent | Regis | eis |

| - ANT STATISTICAL LARTICULARS | MEDICAL CERTIFICATE OF DEATH |
|---|---|
| COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED. OR DIVORCED (Write the word) | 16 DATE OF DEATH Jan. 2 1931 , 192 |
| May 10 1866, 1 (Year) | that I last saw h & A slive on |
| 7 23 If LESS than day_hrs. or min.? | and that death occurred on the date stated above, at |
| ession or At Home of work Home ore of industry blishment in or (employer) | (Durstion)yrsmosds. |
| ry) Greece | Contributory Secondary (Duration) yrs |
| Kirickis Panagotacos Greece Greece | *State the Discase Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal. |
| Dont Know | 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents) At place In the |
| TRUE TO THE BEST OF MY KNOWLEDGE Peter Curtis. | Where was disease contracted, Cumberland, Md. Former or 511 Marshall St., Cumberland. |
| Cumberland. Md | Rose. Hill Cm. Jan 4 Date of Burial 1931 , 19 |
| If more hanks are needed, addres a tate Registrar | John. C. Wolford Cumberland. Md , 16 W. Saratoga St., Balto., Requesting V. S. No. 1. |
| | |

REVISED ERTIFICATE OF DEATH UNITED STATES STANDARD

(Approved by U. S. Census and American Public Health Association.)

work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, Houseer," etc., without more precise specification as νay laborer, Farm laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necesthe first line will be sufficient, e.g., Farmer or Planter, Physician, Compositor, Architect, Locomotive engineer, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of octired 6 yrs). For persons who have no occupation state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed ployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a Civil engineer, whatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, to report specifically the occupations of persons en-Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. For many occupations a single word or term on Stationary fireman, etc. But in many

spinal meningitis"); Diphtheria (avoid use of "Croup"); ed term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebro-EASE CAUSING DEATH (the primary affection with respect Statement of Cause of Death-Name, first, the DIS Typhoid fever (never report "Typhoid Pneumonia"); to time and causation), using always the same acceptpneumonia, Bronchopneumonia ("Pneumonia,

> (Recommendations on statement of cause of death tetanus) may be stated under the head of "contributory." "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Shock," "Shock," stated unless important. Example: Measles (disease approved by Committee on carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, "PUERPERAL septicaemia," "PUERPERAL peritonitis, diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) Chronic interstitial nephritis, Whooping cough; use of "Tumor" for malignant neoplasms); Measles; (name origin; "Cancer" is less definite; avoid inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., ot unqualified, is indefinite); Tuberculosis of lungs, menas fracture of skull, and consequences (e.g., sepsis, Examples: Accidental drowning; Struck by railway train-State cause for which surgical operation was under-"Atrophy," "Collapse, Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS state MEANS OF INJURY Chronic ," "Coma," "Convulsions, etc. The contributory affection need valvular heart Nomenclature of the not be disease;

If this certificate is looked over thoroughly and a'l questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

| PLACE OF DEATH | anul s | RPORATE L | 00017 | STATE OF CERTIFICATI | |
|--|---|-----------------|---------------------------|---------------------------------------|--|
| | 1.4 | | | Registration | Dist. No. |
| Village or City | atrick | 0 | 2011: | St.: Ward | (If death occurred is a hospital or institu- tion, give its NAME in stead of street and number.) |
| PERSONAL AND ST | ATISTICAL PARTICULA | ARS | MEDIC | AL CERTIFICATE | OF DEATH |
| Male Whi | RACE 5 SINGLE, MARRIED, WIDOWED. OR DIVORCED (Write the word) | Lower | 16 DATE OF DEATH | and V | , 19Z / (Year) |
| 6 DATE OF BIRTH | (Month) (Day) | 1.867 (Yesr) | - Alle | CERTIFY, That I at | felded the deceased from |
| 7 AGE | [lf | LESS than | and that death occur | | |
| 67 vr | | day hrs. | The CAUSE OF DEAT | | |
| B OCCUPATION (a) Trade, profession or particular kind of work (b) General nature of indust business, or establishment in which employed or (employer | Retrid | mm.? | Al su | | Certify Sie mos de |
| 9 BIRTHPLACE (State or country) | andand | | Contributory Secondary | (Duration) | mos St de |
| OF FATHER OF FATHER OF FATHER Constant of the control of the co | ter Cun | an | I I F LAT | (Address) | or, in deaths from jury and (2) Whether |
| OF MOTHER 13 BIRTHPLACE | ne Mels | on | 18 LENGTH OF RES | IDENCE (For Hospi | tals, Institutions, Trans- |
| OF MOTHER (State or Country) | olland | | At place of death | | eyrsmosds. |
| 14 THE ABOVE IS TRUE TO THE | E BEST OF MY KNOWLED | BE | if not at place of death | | |
| (Informant) | es O'I Brient | | usual residence | 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 | 00000000000000000000000000000000000000 |
| (Address) & Ac | Smort, W.Y | 2. | If Peters | emlen | DATE OF BURIAL |
| Filed / 193.1 | J/AJC | gistrar | 20 UNDERTAKER | el 18 | Berton Md |
| If more been | ks are needed, address Stat | o Registrar, | 16 W. Saratoga St., B | aito., Requesting V. S | . No. 1. |
| | Wills | no le | refuge | 7 | |

(Approved by U. S. Census and American Public Health Association.)

Spinner, (b) Cotton mill; (a) Solcsman. (b) Grocery; (a) Foreman, (b) Automobile factory. The material fulness of various pursuits can be known. The quescupation is very important, so that the relative healthtired 6 yrs). For persons who have no occupation state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook ployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of Statement of Occupation-Precise statement of ocwhatever, write None. business, that fact may be indicated thus; Farmer (re or given up on account of the DISEASE CAUSING DEATH to report specifically the occupations of persons enhousehold only (not paid Housekeepers who receive a Never return "Laborer," "Forcman," "Manager," "Dealworked on may form part of the second statement Housemaid, etc. If the occupation has been changed etc., For many occupations a single word or term on or At Home, and children, not gainfully emespecially in industrial employments, it is neces-Farm laborer, without more precise specification as Day Laborer-Coal mine, etc. Wom-

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospizal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

American Medical Association.) approved by Committee on Nomenclature telanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. For VIOLENT DEATHS state MEANS OF INJURY diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. Whooping cough; Chronic valvular heart disease; use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, meninges, perlionaeum, etc., Carcinoma, Sarcoma, etc., of as fracture of skull, and consequences (e.g., sepsis, State cause for which surgical operation was under-"Debility" ("Congenital," Chronic interstitial nephritis, (name origin; "Cancer" is less definite; avoid (Recommendations on statement of cause of death (secondary "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condior intercurrent) affection need not be ss important. Example: Measles (disease "Congenital," "Senile," etc.), "Dropsy, etc. The contributory

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WRITE

V. S. No.

VAL.

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6 D

7 A

8 0

PARENTS

(b) General nature of industry business, or establishment in which employed or (employer)

9 BIRTHPLACE (State or country)

10 NAME OF FATHER

11 BIRTHPLACE

OF FATHER

13 BIRTHPLACE OF MOTHER

(Informant)

(State or country) 12 MAIDEN NAME OF MOTHER

(State or Country)

| | | | | 0 | |
|--------------|------------|---------------|---|-----------------------|---------|
| PLACE | OF DEAT | Н | | no ber | th |
| County | Allegan | y, | | | |
| HIN COR | Cumber | iMITS land | (No | Memor | ial |
| 2FUL | L NAME | Mrs I | Couise | Darrow, | ******* |
| PERSON | AL AND S | TATISTI | CAL PAR | TICULARS | |
| ex 'emale | 4 COLOR O | R RACE | 5 SINGLE, MARRIED WIDOWE OR DIVO (Write the | RCED | đ |
| ATE OF BIR | | | | | |
| | S | (Month) | nber 2 | y) (Yes | 28 |
| GE | 32. | 4 | mos. 20 | lf LESS to l day or m | |
| Trade, pro | fession or | , | ousewi f | | |

Virginia.

H. K. Early.

Blanche Jordan.

Virginia.

Virginia.

Memorial Hospital.

Cumberland, Md.

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

| UUU | 10 | | | |
|-------|-------|-------|------|-------|
| | STAT | E OF | MARY | LAND |
| (140) | CERTI | FICAT | E OF | DEATH |
| (140) | | | | 1. |

00010

Hospital

Registration Dist. No.

(If death occurred in a hospital or institu-tion, give its NAME in-stead of street and number.)

| | MEDIC | AL CERTII | FICATE O | OF DEATH | 4 |
|---|---|------------------------------|------------|--------------|----------------|
| 16 DATE O | F DEATH | | | | |
| *** | | Jan | uary | 22 | , 1923.1. |
| *************************************** | *************************************** | (M | onth) | (Day) | (Year) |
| 17 | I HEREBY | CERTIFY, | That I att | ended the | deceased from |
| | | 192 | to | | , 192, |
| that I last | saw h | alive on | | | , 192, |
| | | | | | |
| | | H * was as | _ | above, at | |
| ~ / | 00 | A 11 | 0 | We | ula |
| XU | | Sub | . 18 | wite | |
| OLOK | | HP | X | | miss |
| 7.7 | - | N Cla | I | cro | Les . |
| 16 | ur | 1/10/19 | hion U.L. | dell | P. C. Ga. |
| Contribu | 11000 | 1 | | ete A | |
| Second | | | | | X2. |
| | | (Dur | | YM UT | Mos Ched. |
| (Signed) | LH | Thau | e Tx | ells | M, D. |
| 1-2 | 1/ 192 | / (Address) | (re | ue | I Wel |
| *Stat | e the Di | seese Canair | og Dogth | or In d | eaths from |
| Violent | Causes, st | ate (1) Mes or Homicidal. | ans of In | jury and (| 2) Whether |
| | | | | | utions, Trans- |
| | Recent Re | | or mospit | ais, institu | itions, Irans- |
| At place | | 9. | In the | 70 | mosds. |
| of death | .yrsm | os. 2 ds. | Stat | | |
| if not at pla | ace of dear | h? LO: | nacon | ing Md | .4 |
| Former or | ce | Lonaco | ning I | Vid . | |
| | | OR REMOV | | | F BURIAL |
| R | 1/1 | 10. | 7 | 1/2 | 5/ 21 |
| Inse | yuu | um | chery | | 0/, 195./ |

If more branks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

Dr. Hawkins Dr. Cranto

(Approved by U. S. Census and American Public Health Association.)

tired 6 yrs). For persons who have no occupation whatever, write Nonc. business, that fact may be indicated thus; Former (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH gaged in domestic service for wages, as Servant, Cook, Housemuid, etc. If the occupation has been changed to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, Housework, or At Home, and children, not gainfully emen at home, who are engaged in the duties of the er," etc., without more record mine, etc. Wom-laborer, Farm laborer, Loborer—Coal mine, etc. Wom-Spinner, (b) Cotton mill; (o) Salesmon. (b) should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many fulness of various pursuits can be known. The quescupation is very important, so that the relative healthworked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-(a) Foreman, (b) Automobile foctory. The material the first line will be sufficient, c. g., Farmer or Planter, tion applies to each and every person, irrespective of Statement of Occupation-Precise statement of oc-For many occupations a single word or term on

Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebros_l inal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

> American Medical Association.) approved by Committee on tetanus) may be stated under the head of "contributory." (Recommendations on statement of cause of death "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Shock," as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by roilwoy troinor as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. FOR VIOLENT DEATHS State MEANS OF INJURY State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as "Puerperal septicaemia," "Puerperal peritonitis," etc. can be ascertained as the cause. Always qualify all atic), "Atrophy," "Collapse," "Coma," "Convulsions, tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection need not be stated unless important. Example: Measles (disease Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles; (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, men-Never report mere symptoms or terminal condiperilonaeum, etc., Carcinoma, Sarcoma, etc., ol cough; Chronic valvular heart etc. The contributory Nomenclature

N. B.

| PLACE OF DEATH County Collegery Village or City Collown R. 7 D. 2FULL NAME The Malin | STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. St.: Ward) St.: Ward) Aba Davis (If death occurred in a hospital or institution, give its NAME instead of street and number.) |
|---|--|
| PERSONAL AND STATISTICAL PARTICULARS 3 SEX 4 COLOR OR RACE WIDOW WIDOW OR DIVORCE (Write the word) 6 DATE OF BIRTH | MEDICAL CERTIFICATE OF DEATH 18 DATE OF DEATH (Month) (Day) (Year) 17 I HEREBY CERTIFY, That I attended the deceased from 19230 to 2000 3, 19230 |
| (Month) (Day) (Year) 7 AGE (Month) (Day) (Year) (Year) 7 AGE (If LESS than I day hrs. or min.? 8 OCCUPATION (a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in which employed or (employer) 9 BIRTHPLACE (State or country) | and that death occurred on the date stated above, at m. The CAUSE OF DEATH * was as follows: Contributory Contr |
| 10 NAME OF FATHER 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER OF MOTHER (State or Country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE | (Stated) (Address) (Address) (Address) (State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal. 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents) At place of death (1) (Beans of Hospitals, Institutions, Transients or Recent Residents) Where was disease contracted, if not at place of death (1) (Beans of Hospitals, Institutions, Transients or Recent Residents) |
| (Informant) Seo. P. Name (Address) Oldton M. S. 1931. Carrie a Strombolty Registres | Former or usual residence 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL 20 FIDERTAKER DATE OF BURIAL ADDRESS ADDRESS ADDRESS |

If more blanks are needsd, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. I.

(Approved by U. S. Census and American Public Health Association.)

definite salary), may be entered as Housewife, Housework, or At Home, and children, not gainfully emfulness of various pursuits can be known. The ques-Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the tion applies to each and every person, irrespective of cupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocstate occupation at beginning of illness. If retired from ployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the er," etc., without more process. Coal mine, etc. Wom-laborer, Farm laborer, Laborer—Coal mine, etc. Wom-Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. nature of the business or industry, and therefore an cases, especially in industrial employments, it is neces-Civil engineer, Physician, the first line will be sufficient, e. g., Farmer or Planter, or given up on account of the DISEASE CAUSING DEATH. gaged in domestic service for wages, as Servant, Cook to report specifically the occupations of persons enwhatever, write Nonc. business, that fact may be indicated thus; Farmer (re-Housemaid, etc. If the occupation has been changed Foreman, For many occupations a single word or term on yrs). without more precise specification as Day Compositor, Architect, Stationary freman, etc. But in many For persons who have no occupation

Statement of Cause of Death—Name, first, the Disease Causing Death (the primary affection with respect to time and causation), using always the same accept ed term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

use of "Tumor" for malignant neoplasms); (name origin; "Cancer" is less definite; avoid inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of tetanus) may be stated under the head of "contributory." "Exhaustion," "Heart failure," "Haemorrhage," "Shock," stated unless important. Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis, etc. The contributory American Medical Association.) approved by Committee on Nomenclature of the (Recommendations on statement of cause of death carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. For violent deaths state means of injury State cause for which surgical operation was under-"PUERPERAL seplicaemia," "PUERPERAL perilonilis," etc. diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection need not be unqualified, is indefinite); Tuberculosis of lungs, menas fracture of skull, and consequences (e. g., sepsis, "Atrophy." "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-"Heart failure," Example: Measles (disease "Senile," etc.), "Dropsy, failure," "Haemorrhage, Measles ;

V. S. No. 1

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| , | | CORD | d EXACTLY, |
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| | OR BINE | S A PERM | ACE shou |
| | SERVED FOR BINDING | INKTHIS IS A PERM ENT L'CORD | Illy supplied. ACE should be stated EXACTLY, PHYSI-blain terms so that it may be properly classified. Exact |

| 1PLACE OF DEATH | 00021 STATE OF MARYLAND |
|---|--|
| County allegany | CERTIFICATE OF DEATH |
| WITHIN COBFORATE LIMITS | Registration Dist. No. |
| Village or City Constant (No 216 1) 2FULL NAME Searge | Allow St.: Ward) (If death occurred in a hospital or institution, give its NAME instead of atreet and number.) |
| PERSONAL AND STATISTICAL PARTICULARS | MEDICAL CERTIFICATE OF DEATH |
| male bolared (With the work) | 16 DATE OF DEATH |
| 6 DATE OF BIRTH Optil 15 8 99 , 1900 (Month) (Day) (Year) | that I last saw h malive on Jan 931, |
| 7 AGE If LESS than I day hrs. 9 mos. 0 ds. or min.? | The state of the s |
| (a) Trade, profession or particular kind of work | |
| (b) General nature of industry business, or establishment in which employed or (employer) | (Duration) yrs. mos 3 ds. |
| 9 BIRTHPLACE (State or country) | Contributory Secondary |
| 10 NAME OF FATHER James Daves on | (Signed) Governor M. D. John 10.19 18 (Address) 123-7 sedent W. |
| OF FATHED (State or country) 12 MAIDEN NAME () | *State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal. |
| of MOTHER Henrietta bustis | 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents) |
| OF MOTHER (State or Country) Md | At place of deathyrsmosds, In the Stateyrsmosds, Where was disease contracted, |
| 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE | if not at place of dea.h? |
| (Address) Charles Lann My Va | 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL Ballamore Md Jan 11, 1931 |
| 15 Filedan - 11, 19831, Haway H.Weiss | 20 UNDERTAKER ADDRESS |
| If more bianks are needed address State Registrar | , 16 W. Saratoga St., Balto., Requesting V. S. No. 1. |

(Approved by U. S. Census and American Public Health Association.)

fulness of various pursuits can be known. The quessary to know (a) the kind of work and also (b) the cupation is very important, so that the relative health-Statement of Occupation-Precise statement of oc-Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an cases, especially in industrial employments, it is necesthe first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of state occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook definite salary), may be entered as Housewife, Housework, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken en at home, who are engaged in the duties of the er," etc., without more process. Coal minc, etc. Wom-laborer, Farm laborer, Laborer—Coal minc, etc. Wom-Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. Civil enginect, Physician, Compositor, Architect, business, that fact may be indicated thus; Farmer (re-Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons enhousehold only (not paid Housekeepers who receive a whatever, write Nonc. For many occupations a single word or term on yrs). For persons who have no occupation Stationary fireman, etc. But in many Locomotive engineer,

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia,"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

telanus) may be stated under the head of "contributory." American Medical Association.) stated unless important. use of "Tumor" for malignant neoplasms); inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL perilonitis," etc. unqualified, is indefinite); Tuberculosis of lungs, menapproved by Committee on Nomenclature can be ascertained as the cause. Always qualify all "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Shock," "Old Age," "Shock," tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopncumonia (secondary), (secondary or intercurrent) affection need not be stated unless important. Example: Measles (disease Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis, etc. The contributory as fracture of skull, and consequences (e. g., scpsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJURY State cause for which surgical operation was under-"Uraemia, ""Weakness," etc., when a definite disease (Recommendations on statement of cause of "Atrophy." "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-Measles;

| ract | PLACE OF DEATH | 00022 STATE OF MARYLAND |
|-------------------------|---|---|
| 王田 | County allegacry | CERTIFICATE OF DEATH |
| .≺, Fled. | LAICO YUCK | Registration Dist. No. |
| CTL ISSII | Village or City (No. | St: Ward) (If death occurred in a hospital or institu- |
| ated EXAC | 2FULL NAME HOSE / Lewis / | tlon, give its NAME in- stead of street and number.) |
| ated | PERSONAL AND STATISTICAL PARTICULARS | MEDICAL CERTIFICATE OF DEATH |
| be st be pr ck of | WOL 4 COLOR OF PARE 5 SINGLE. MARRIED. WIDOWCE, OR DIVORCED | 16 DATE OF DEATH (CW / 3 , 193/ |
| ouid may n ba | 6 DATE OF BIRTH | (Month) (Day) (Year) |
| sh it | lug 18, 1931 | Jan. 5 1931 . 10 Jan. 13 , 1931. |
| ed. ACE | (Mohth) (Day) (Year) | that I last saw ham alive on Jun 3, 193, |
| So So | 7 AGE IfLESS than I dayhrs. | and that death occurred on the date stated above, at 7. 40 4 m. The CAUSE OF DEATH * was as follows: |
| lled ns | yrs. mos. 2 ds. or min.? | The CAUSE OF DEATH * was as follows: |
| uppli term ee in | 8 OCCUPATION (a) Trade, profession or | acuto Cholecystetis |
| S in S | particular kind of work | |
| ם ב | (b) General nature of industry business, or establishment in | (Duration) Oyrs, O mos 8 ds. |
| caref rH in porta | which employed or (employer) | Contributory Brancho pranyona |
| 9 4 E | 9 BIRTHPLACE (State or country) | Secondary |
| F DE | 10 NAME OF HALLY DELLISA A. A | (Signed) Paul RWil M. D. |
| Sho is | II BIRTHPLACE | gen, 13.1981 (Address) Predmont W. Va |
| CAUSE CAUSE TION | (State or country) Jugues | *State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal. |
| - 4 | of MOTHER Mulle Cities | 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents) |
| f informid state | 13 BIRTHPLACE OF MOTHER (State or Country) Wassusville (W) | At place of deathyrsmosds. In the Stateyrsmosds. |
| o p | 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE | Where was disease contracted, if not at place of death? |
| shoul | (Informant) Hally Dellinger | Former or usual residence |
| Every item o | (Address) A Fork Au | DATE OF BURIAL OR REMOVAL DATE OF BURIAL SUL 15, 1931 |
| 8 E | Filed 192 1 192 1 Registrar | 20 ANDERTAMER MOUNTEN MICHIGAN (WOOD |
| 2 | If more bianks are needed, address State Registrar | , 16/W. Saratoga St., Balto., Requesting V. S. No. 1. |

(Approved by U. S. Census and American Public Health Association.)

tired 6 yrs). state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servont, Cook, Housemaid, etc. If the occupation has been changed definite salary), may be entered as Housewife, Houseshould be used only when needed. As examples: (a) nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cupation is very important, so that the relative healthwhatever, write Nonc. business, that fact may be indicated thus; Former (reor given up on account of the DISEASE CAUSING DEATH, work, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the er," etc., without more precise specification as Doy Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. additional line is provided for the latter statement; it cases, especially in industrial employments, it is neces-Civil engineer, the first line will be sufficient, e. g., Farmer or Planter, Physician, Compositor, Architect, Locomotive engineer, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The ques-Statement of Occupation-Precise statement of ocreport specifically the occupations of persons en-Foreman, For many occupations a single word or term on Form loborer, Loborer-Coal mine, etc. Wom-(b) Cotton mill; (a) Solesman. (b) Grocery; man, (b) Automobile factory. The material For persons who have no occupation Stotionary firemon, etc. But in many

Statement of Cause of Death—Name, first, the Disease Causing Death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"), Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

corbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by "PUERPERAL septicaemia," "PUERPERAL perilonitis," etc. "Exhaustion," "Heart failure,
"Old Age," "Shock," "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, stated unless important. Example: Measles (disease American Medical Association.) approved by Committee on Nomenclature (Recommendations on statement of cause of death tetanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJURY State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), use of "Tumor" for malignant neoplasms); Measles; Examples: Accidental drowning; Struck by railwoy train-"Uraemia," "Weakness," etc., when a definite disease (secondary (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, men-"Atrophy," "Collapse," "Coma," "Convulsions, perilonaeum, etc., Corcinoma, Sarcoma, etc., of Never report mere symptoms or terminal condiinterstitial nephritis, or intercurrent) affection need not be cough; Chronic valvulor heart disease; etc. The contributory

Every item of Information should be carefully supplied. ACE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. WITH UNFADING INK--THIS

BINDING

MARGIN RESERVED FOR

PLACE OF DEATH



STATE OF MARYLAND

| County Willessan . | CERTIFICATE OF DEATH |
|--|---|
| HIN CORPORATE LIMITS | Registration Dist. No. |
| Village or Citosunterland (No. 54 9. m | 14/2 21 91 |
| 0 1 | St.: Ward) (If death occurred in a hospital or institu- |
| 2FULL NAME relson den | stead of street and number.) |
| PERSONAL AND STATISTICAL PARTICULARS | MEDICAL CERTIFICATE OF DEATH |
| SEX 4 COLOR OR RACE 5 SINGLE, | 16 DATE OF DEATH , O d 21 |
| male land WIDOWS. | Jan. 28 , 192) [. |
| 5 DATE OF BIRTH | (Month) (Day) (Year) |
| DATE OF BIRTH | The state of the deceased from |
| (Month) (Day) Year | |
| (Month) (Day) (Year) | that I last saw halive on, 192, |
| dayhrs. | and that death occurred on the date stated above, at |
| HOyrsds. ormin.? | Suicide |
| (a) Trade, profession or | Bichloride of Mercury. |
| particular kind of work | V V |
| (b) General nature of industry business, or establishment in | /D |
| which employed or (employer) | (Duration)yrsmosds. |
| S BIRTHPLACE (State or country) | Secondary |
| 10 NAME OF | (Duration) via mos de, |
| FATHER Samuel (() | (Signed Tawey H. Wess, M. Remains |
| 11 BIRTHPLACE | Jan, 29 (1983) (Address unberland, my |
| OF FATHER (State or country) | *State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether |
| 12 MAIDEN NAME OF MODHER | Accidental, Suicidal or Homicidal. |
| Juna Juna. | 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents) |
| 13 BIRTHPLACE OF MOTHER | At place In the |
| (State or Country) | of death |
| 4 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE | if not st place of dea.h? |
| (Informant) Amuel Wenny | usual residence |
| (Address) Comberland md. | 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL |
| (Audices) | Truttel Und Jan 31, 1931 |
| Filed an 14 192), Hawey Hillers | 20 UNDERTAKER ADDRESS |

If more blanks are needed, address Ltate Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

ployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Housework, or At Home, and children, not gainfully emhousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the er," etc., without more process and mine, etc. Wom-laborer, Farm laborer, Laborer—Coal mine, etc. Wom-Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocstate occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servari, Cook, Housemaid, etc. If the occupation has been changed Never return "Laborer," "Foreman," "Manager," "Deal-Physician, Compositor, Architect, Locomotive engineer, business, that fact may be indicated thus; Farmer Ne or given up on account of the DISEASE CAUSING DEATER to report specifically the occupations of persons enworked on may form part of the second statement. whatever, write None. For many occupations a single word or term on yrs). For persons who have no occupation without more precise specification as Day Stationary fireman, etc. But in many

Statement of Cause of Death—Name, first, the hissease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebraphal fever (the only definite synonym is "Epidemic cerebraspinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia,"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

5

permanently filed.

answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is

teanus) may be stated under the head of "contributory." "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of approved by Committee on Nomenclature (Recommendations on statement of cause of death as fracture of skull, and consequences (e. g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. For violent deaths state means of injuly State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease "Exhaustion," "Heart failure," "Haemorrhage," "Shock," "Old Age," "Shock," tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. (secondary Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis, etc. The contributory use of "Tumor" for malignant neoplasms); (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) If this certificate is looked over thoroughly and all questions "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condior intercurrent) affection need not be Example: Measles (disease Measles;

REVISED CERTIFICATE OF DEATH UNITED STATES STANDARD

(Approved by U. S. Census and American Public Health Association.)

laborer, Farm laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the household only (not paid Housekeepers who receive a er," etc., Never return "Laborer," "Foremun," "Manager," "Dealtired 6 yrs. state occupation at beginning of illness. If retired from Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the fulness of various pursuits can be known. The queswhatever, write None. ployed. as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Housenature of the husiness or industry, and therefore an cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many Statement of Occupation-Precise statement of ocbusiness, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Scruat, Cook, to report specifically the occupations of persons enwork, or At Home, and children, not gainfully emworked on may form part of the second statement. Physician. Compositor, Architect, Locomotive engineer, the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of cupation is very important, so that the relative health-For many occupations a single word or term on without more precise specification as Day For persons who have no occupation

spinal meningitis"; Diphtheria (avoid use of "Croup");
Typhoid fever (never report "Typhoid Pneumonia"); fever (the only definite synonym is "Epidemic cerebroed term for the same disease. Examples: Cerebrospinal Statement of Cause of Death-Name, first, the bisto time and causation), using always the same accept-EASE CAUSING DEATH (the primary affection withrespect pneumonia, Bronchopneumonia ("Pneumonia,

> "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Shock," "Old Age," "Shock," (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); Measles; accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJULY "PUERPERAL septicaemia," "PUERPERAL peritonitis, can be ascertained as the cause. Always qualify all tions, such as "Asthenia," "Anaemia" (merely symptomstated unless important. approved by Committee on Nomenclature of the (Recommendations on statement of cause of death telanus) may be stated under the head of "contributory." as fracture of skull, and consequences (c. g., sepsis, curbolic acid-probably suicide. The nature of the injury, Examples: Accidental drowning; Struck by railway train-State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as "Uraemia, ""Weakness," etc., when a definite disease causing death), 29 ds.; Bronchopneumonia (secondary), (secondary Whooping cough; Chronic Chronic interstitial nephritis, unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) "Atrophy," "Collapse," "Coma," "Convulsions," perilonaeum, etc., Carcinoma, Sarcoma, etc., of Never report mere symptoms or terminal condior intercurrent) affection need not be Chronic valvular heart disease; Example: Measles (disease etc. The contributory

data is essential and must be obtained before the certificate is answered in detail, it will prevent further correspondence. permanently filed. If this certificate is looked over thoroughly and a'l questions

V. S. No. 1

| PLACE OF DEATH | de 00025 STATE OF MARYLAND |
|---|--|
| County Allegany | CERTIFICATE OF DEATH |
| Village or City Frontburg (No. 6. 2FULL NAME Fredrick Took | Registration Dist. No. No. St.: Ward) Land Outhour (If death occurred in a hospital or institution, give its NAME Instead of street and number.) |
| PERSONAL AND STATISTICAL PARTICULARS | MEDICAL CERTIFICATE OF DEATH |
| Male Thate Single, Married, Widower (Write the word) | 16 DATE OF DEATH Jawy 7, 1984 |
| 6 DATE OF BIRTH (Month) (Day) (Year) | 17 I HEREBY CERTIFY, That I attended the deceased from Jan |
| 7 AGE If LESS than I day hrs. or min.? | and that death occurred on the date stated above, at |
| (a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in which employed or (employer) | (Duretion) |
| 9 BIRTHPLACE (State or country) 10 NAME OF FATHER | Contributory Secondary Direction) yre de. (Signed) M. D. |
| 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME (STATES) (State or country) | *State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal. |
| OF MOTHER 13 BIRTHPLACE OF MOTHER (State or Country) (State or Country) | 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents) At place of deathyrsds. In the Stateyrsmosds. |
| (Informant) (Orchland | Where was disease contracted, if not at place of death? |
| (Addréss) Spacening last 15 Filed /2 V 1921 DM. O M. O M. Registrar | allegary Cemetry an 25. 193/ 20 ONDERTAKER COLCAPATION CONSCIONAL |
| If more branks are needed, address State Registrar | , 16 W. Saratoga St., Balto., Requesting V. S. No. 1. |

(Approved by U. S. Census and American Public Health Association.)

gaged in domestic service for wages, as Screant, work, work, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Housesary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocor given up on account of the DEFASE CAUSING DEATH, state occupation at beginning of illness. If retired from should be used only when needed. As examples: (a) additional line is provided for the latter statement; it tion applies to each and every person, irrespective of tired 6 yrs). Housemaid, etc. If the occupation has been changed en at home, who are engaged in the duties of the household only (not paid Housekeepers who receive a er," etc., without more precise specification as Day Spinner, (b) Cotton mill; (a) Salesman. Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, the first line will be sufficient, e.g., Farmer or Planter business, that fact may be indicated thus; Farmer (reworked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealwhatever, write None. report specifically the occupations of persons en-Foreman, For many occupations a especially in industrial employments, it is neces-Farm laborer, Laborer-Coal minc, etc. Wom-(b) Automobile factory. The material For persons who have no occupation single word or term on 6 Grocery, Cook,

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospical fever (the only definite synonym is "Epidemie exercises pinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia,"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

Recommendations on statement of cause of death American Medical Association.) gas fracture of skull, and consequences (e. g., sepsis, carbolic acid—probably suicide. The nature of the injury, or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, diseases resulting from childbirth or miscarriage as "PUERPERAL septicacnia," "PUERPERAL peritonitis," etc. stated unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, mentetanus) may be stated under the head of "contributory." accident; Revolver wound of head-homicide; Poisoned by taken. FOR VIOLENT DEATHS State MEANS OF INJURY State eause for which surgical operation was under-"(Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection need not be Whooping cough; Chronic valvular heart disease Chronic interstitial nephritis, etc. The contributory (name origin; "Cancer" is less definite; avoid Examples: Accidental drowning; Struck by railway traincan be ascertained as the cause. Always qualify al "Debility" ("Congenital," "Atrophy," "Collapse," "Coma," "Convulsions, perilonaeum, etc., Carcinoma, Sarcoma, etc., oi Never report mere symptoms or terminal condi-"Congenital," "Senile," etc.), "Dropsy," "Heart failure," "Haemorrhage," etc. The contributory

N. B.--Every item of information should be carefully supplied. ACE should be stated EXACTLY, PHYSI. CIANS should state CAUSE OF DEATH in plain terms so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. CORD LNE MARGIN RESERVED FOR BINDING WITH UNFADING INK--THIS IS A PERM WRITE PLA V. S. No. 1

| 1 Julie | |
|---|---|
| PLACE OF BEATH County Leann | STATE OF MARYLAND CERTIFICATE OF DEATH |
| $\alpha \alpha \beta \beta$ | Registration Dist. No. |
| Village or City Frontburg (No. 256 6 | St: Ward) (If death occurred in a hospital or institu- |
| 2FULL NAME Johnsu | Stead of street and number.) |
| PERSONAL AND STATISTICAL PARTICULARS | MEDICAL CERTIFICATE OF DEATH |
| S SEX 4 COLOR OR RACE SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word) | 16 DATE OF DEATH Javy 2, 193/ |
| 6 DATE OF BIRTH | 17 I HEREBY CERTIFY, That Lattended the deceased from |
| (harly 9 1058 | Jany 1 1920. 10 Jany 4 , 1921. |
| (Month) (Day) (Year) | that I last saw har alive on force 2 , 193/, |
| 7 AGE If LESS than | |
| yrs. 5 mos. 2 dds. or min.? | The CAUSE OF DEATH was as follows: |
| 8 OCCUPATION (a) Trade, profession or Hussewife particular kind of work | V |
| (b) General nature of industry | |
| business, or establishment in which employed or (employer) | (Duration) yrs mos de. |
| 9 BIRTHPLACE (State or country) Maryland | Contributory Secondary Duration ys mos ds. |
| 10 NAME OF Sebastian Teodles | (Signed) The Truck (M. D. |
| OF FATHER | |
| C State or country) 12 MAIDEN NAME 12 MAIDEN NAME | *State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal. |
| of MOTHER aligabeth Schant | 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents) |
| 13 BIRTHPLACE OF MOTHER | At place In the |
| (State or Country) Lemany | of deathyrsmosds. Stateyrsmosds. Where was disease contracted, |
| 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE | if not at place of death? |
| (Informant) Huss Dora Couchbar | usual residence |
| (Address), frostburg Ing | alle aura Cemeter ant. 1931 |
| Filed 2 136 DNOM Lang A | 20 UNDERTAKER ADDRESS ADDRESS ONACHTURAMA |
| If more branks are needed, address State Registral | , 16 W. Saratoga St., Balto., Requesting V. S. No. 1. |

A more

(Approved by U. S. Census and American Public Health Association.)

definite salary), may be entered as Housewite, House nature of the business or industry, and therefore an work, additional line is provided for the latter statement; i sary to know (a) the kind of work and also (b) the tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocployed, as At school, or At home. Care should be taken Spinner, (b) Colton mill; (a) Salesman. should be used only when needed. As examples: (a) Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tired 6 yrs). state occupation at beginning of illness. If retired from en at home, who are engaged in the duties of the whatever, write Nonc. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, Housemuid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook to report specifically the occupations of persons enhousehold only (not paid Housekeepers who receive a worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealr," etc., Foreman, or At Home, and children, not gainfully em-For many occupations a single word or term on especially in industrial employments, it is neces-Farm laborer, Laborer-Coal minc, etc. Womwithout more precise specification as Day For persons who have no occupation (b) Automobile factory. The materia (b) Grocery,

Statement of Cause of Death—Name, first, the Disease Causing Death (the primary affection with respect to time and causation), using always the same accented term for the same disease. Examples: Cerebrospical fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

stated unless important. Example: Measles (disease inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, men-"Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease causing death), 29 ds.; Bronchopneumonia (secondary), use of "Tumor" for malignant neoplasms); Mcasles; as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJURY State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis," diseases resulting from childbirth or miscarriage as "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, tions, such as "Asthenia," "Anaemia" (merely symptom-Chronic interstitial nephritis, Whooping cough; Chronic valvular heart disease; approved by Committee on Nomenclature of the (Recommendations on statement of cause of death letanus) may be stated under the head of "contributory." can be ascertained as the cause. (secondary or intercurrent) affection need not be American Medical Association.) Examples: Accidental drowning; Struck by railway train-"Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condietc. The contributory Always qualify all

| D. | V. S. No. 1 | | | | MARGIN RESERVED FO | SERVED F | 12 |
|----|-------------|-----------|-----------|---------|---|--------------|----|
| | Į. | WRITE | PL. | WITH, | WRITE PLANT, WITH UNFADING INK-THIS IS | NKTHIS | IS |
| Z | BE | very item | of inform | CAUSE O | N. B.—Every item of information should be carefully supplied. A CIANS should state CAUSE OF DEATH in plain terms so | ly supplied. | 0 |

| | PLACE OF DEATH | STATE OF MARYLAND |
|---------|---|---|
| | County Allegany | CERTIFICATE OF DEATH |
| | WITHIN CORPORATE LIMITS | Registration Dist. No. |
| cate. | Village or City Consulter Lave (No. 305 Le | Booth Jack Ward) (If death occurred in a hospital or institu- tion, give its NAME in- stead of street and number.) |
| Prtir | PERSONAL AND STATISTICAL PARTICULARS | |
| ŏ | | MEDICAL CERTIFICATE OF DEATH |
| ack o | Finale Whit (Write the word) | 16 DATE OF DEATH Jan 4th, 198/ (Month) (Day) (Year) |
| a no st | 6 DATE OF BIRTH | 17 I HEREBY CERTIFY, That I attended the deceased from 1980. to 20 1981, |
| 1101 | (Month) (Day) (Year) | that I last saw h 31 alive on and 4th, 192/. |
| nc | 7 AGE fLESS than | and that death occurred on the date stated above, at . 8 , m. |
| 181 | 83 yrs. // mos. 7 ds. or min.? | The CAUSE OF DEATH * was as follows: |
| 2000 | 8 OCCUPATION (a) Trade, profession or particular kind of work | General arterio Schrosis |
| tant | (b) General nature of industry business, or establishment in which employed or (employer) | (Duration) / yrs mos ds. |
| oduu | 9 BIRTHPLACE (State or country) | Contributory Secondary (Duration) yrs |
| very | 10 NAME OF FATHER ames Booth | (Signed) SH- White M. D. |
| | II BIRTHPLACE OF FATHER (State or country) II MAIDEN NAME | *State the Discase Causing Death, or, in deaths from Vlolent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal. |
| | of MOTHER Trol Known | 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents) |
| | OF MOTHER (State or Country) | At place of deathyrsnosds. In the Stateyrsnosds. |
| 5 | 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE | Where was disease contracted, if not at place of death? |
| | (Informant) Hanne Wy Footen | Former or usual residence |
| | (Address) Cuffberland Ind. | 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL |
| 5 | 15 File Jan 6, 19, 3 Hawy H. Weiss | 20 UNDERTAKER |
| | If more bianks are needed, address State Registrar | , 16 W. Saratoga St., Balto., Requesting V. S. No. 1. |

(Approved by U. S. Census and American Public Health Association.)

tired 6 yrs). For persons who have no occupation state occupation at beginning of illness. If retired from er," etc., Spinner, (b) Cotton mill; (a) Salesman, (b) should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necesthe first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write None. or given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook, work, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealnature of the business or industry, and therefore an Civil engineer, Physician, Compositor, Architect, Locomotive engineer, business, that fact may be indicated thus; Farmer (re-Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons enhousehold only (not paid Housekeepers who receive a Foreman, For many occupations a single word or term on Farm laborer, Laborer-Coal mine, etc. Womwithout more precise specification as Day (b) Automobile factory. The material Stationary fireman, etc. But in many Grocery;

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of (Recommendations on statement of cause of death telanus) may be stated under the bead of "contributory." carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. For VIOLENT DEATHS state MEANS OF INJURY State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Uraemia, ""Weakness," etc., when a definite disease "Inanition," "Marasmus," "Old Age," "Shock," "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. (secondary or intercurrent) Whooping cough; Chronic valvular heart disease; use of "Tumor" for malignant neoplasms); Measles; (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, menas fracture of skull, and consequences (e. g., sepsis, or as probably such, if impossible to determine definitely. Chronic interstitial nephritis, approved by Committee on Nomenclature Examples: Accidental drowning; Struck by railway train-American Medical Association.) "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-Example: Measles (disease etc. The contributory affection need not be

V. S. No. 1

| PLACE OF DEATH | 00028 STATE OF MARYLAND |
|--|--|
| County Glegan | CERTIFICATE OF DEATH |
| WITHIN CORPORATE WIMITS | Registration Dist. No. |
| Village or Cather Land (No fit atterns) | Ward) Wa |
| PERSONAL AND STATISTICAL PARTICULARS | MEDICAL CERTIFICATE OF DEATH |
| 3 SEX 4 COLOR OR RACE 5 SINGUE, MARVIED, OR DIVORGO, OR DIVORDO, OR DIVORGO, OR DIVORGO, OR DIVORGO, OR DIVORGO, OR DIVORGO, O | 16 DATE OF DEATH January Z8, 19131 (Month) (Day) (Year) |
| 6 DATE OF BIRTH | 17 I HEREBY CERTIFY, That I attended the deceased from auuary 25 131 . to auuary 28, 1931, |
| (Month) (Day) (Year) | that I last saw her alive on January 78, 192, |
| 7 AGE If LESS than I day hrs. mos. 3 ds. or min. | and that death occurred on the date stated above, at |
| 8 OCCUPATION (a) Trade, profession or particular kind of work | Thronie Myvearorlis. |
| (b) General nature of industry | Menmang - |
| business, or establishment in which employed or (employer) | (Durstion) yrs. mos. ds. |
| 9 BIRTHPLACE (State or country) | Contributory Secondary (Durgion) yre |
| 10 NAME OF STATHER LESS OF THE SALES | (Signed) Dria Luft. M. D. |
| OF FATHER (State or country) | *State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal. |
| of MOTHER CLOSE | 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- |
| 13 BIRTHPLACE OF MOTHER (State or Country) Maryland | At place of deathyrsmosds. In the Stateyrsmosds. |
| 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE | Where was disesse contracted, if not at place of death? |
| (Information Robt Satherine | Former or usual residence Test Lake flack , M.d. |
| (Address)/9/ Denna live, Cty. | 19 PLACE OF BURIAL OR REMOVAL Red House mol nd. par 19-, 1931 |
| Filedan. 28, 1921. Harvey H. Weiss. Registrar | 20 UNDERTAKER ADDRESS |
| If more branks are needed, address State Registrar | , 16 W. Saratoga St., Balto., Requesting V. S. No. 1. |

(Approved by U. S. Census and American Public Health Association.)

household only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the definite salary), may be entered as Housewife, Housework, or At Home, and children, not gainfully emstate occupation at beginning of illness. If retired from ployed, as At school, or At home. Care should be taken er," etc., without more process and mine, etc. Wom-laborer, Form loborer, Laborer—Coal mine, etc. Womshould be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necestion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocgaged in domestic service for wages, as Servant, Cook, Spinner, nature of the business or industry, and therefore an the first line will be sufficient, e. g., Former or Planter, whatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons enworked on may form part of the second statement.

Never return "Laborer," "Foreman," "Manager," "Deal-Civil engineer, Physician, Compositor, Architect, Locomotive engineer, Foreman, For many occupations a single word or term on yrs). For persons who have no occupation (b) Cotton mill; (a) Solesman, (b) Grocery; man, (b) Automobile factory. The material Stotionary fireman, etc. But in many

Statement of Cause of Death—Name, first, the Dis-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia")

> American Medical Association.) stated unless important. Example: Measles (disease inges, perilonoeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid approved by Committee on Nomenclature of the (Recommendations on statement of cause of death telanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e. g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, OF HOMICIDAL, taken. For violent deaths state means of injuny State cause for which surgical operation was under-"PUERPERAL seplicaemia," "PUERPERAL peritonitis," etc. diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Uraemia, ""Weakness," etc., when a definite disease "(Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection need not be Whooping cough; Chronic Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, men-Examples: Accidental drowning; Struck by roilway troin-"Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condivalvular heart disease; etc. The contributory

| 1 | 60029 |
|---|--|
| PLACE OF SEATH | STATE OF MARYLAND |
| County Lesser | (31) CERTIFICATE OF DEATH |
| WITHIN COBRORATE LIMITS | Registration Dist. No. |
| Village or Charles of No. | Ward) (If death occurred in a hospital or institu- |
| 2FULL NAME JOHN Gran Role | tion, give its NAME is stead of street and number.) |
| PERSONAL AND STATISTICAL PARTICULARS | MEDICAL CERTIFICATE OF DEATH |
| 3 SEX 4 GLOR OR RACE 5 SINGLE, MARRIED WIDOWED. Colored (Write the word) | 16 DATE OF DEATH 2 , 198 / (Month) (Day) (Year) |
| 6 DATE OF BIRTH | 17 I HEREBY CERTIFY, That I attended the deceased from |
| 406-2-1871 | 197 9. 10 Jun 2, 198 , |
| (Month) (Day) (Year) | that I last saw h alive on Jan 193 |
| 7 AGE | and that death occurred on the date stated above, at 1213 Pm. |
| 59 yrs. // mos. / 0 ds. or min.? | The CAUSE OF DEATH * was as follows: |
| BIOCCUPATION | de la se |
| (a) Trade, profession or particular kind of work | July 1000 |
| (b) General nature of industry | |
| business, or establishment in which employed or (employer) | (Duration) mos ds. |
| 9 BIRTHPLACE 7 | Contributory Majeria |
| (State or country) (SOUY9 //a) | Convale (Duration) yrs mos Ods. |
| 10 NAME OF TATHER | (Signed) The Mennay M. D. |
| 11 BIRTHPLACE | Hay 13 193 1 (Address) Cantal of Ce |
| OF FATHER Z. (State or country) | *State the I is ase Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal. |
| W 12 MAIDEN NAME | |
| of MOTHER MARMAJON | 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents) |
| 13 BIRTHPLACE OF MOTHER | At place In the |
| (State or Country) | Where was disease contracted? |
| 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE | if not at place of death? |
| MMS Pony Jone WZIN | usual jesidence Wallace I umberland |
| (Addres 220 Wallace oft | 19 LACE OF BURIAL OF REMOVAL DATE OF BURIAL |
| 15 0. 12 31 de. DHIT. '10 | 20 ON ERTACK ADDRESS |
| Filed on . 13,192) . Howe Registrar | THE Candidans |
| | , 16 W. Saratoga St., Balto., Requesting V. S. No. 1. |
| | |

(Approved by U. S. Census and American Public Health Association.)

nloved as At school or At home Core should be tolored er," etc., without more precise specification as Day laborer, Farm laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the household only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, Housefulness of various pursuits can be known. The ques-Spinner, (b) Collon mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an cases, especially in industrial employments, it is necesthe first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of cupation is very important, so that the relative health-Statement of Occupation-Precise statement of octired 6 yrs). For persons who have no occupation state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed ployed, as At school, or At home. Care should be taken Never return "Laborer," "Foreman," "Manager," "Deal-Civil engineer, Physician, business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, to report specifically the occupations of persons enworked on may form part of the second statement. whatever, write None. to know (a) the kind of work and also (b) the For many occupations a single word or term on Compositor, Architect, Locomotive engineer, Stationary fireman, etc. But in many

Statement of Cause of Death—Name, first, the DISE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Spinal meningitis"); Diphtheria (avoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

"Debility" ("Congenital," "Senile," etc.), "Dropsy," ("Exhaustion," "Heart failure," "Haemorrhage," "Shock," "Old Age," "Shock," stated unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); Measles; (name origin; "Cancer" is less definite; avoid inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of approved by Committee on (Recommendations on statement of cause of death telanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e. g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) Whooping cough; unqualified, is indefinite); Tyberculosis of lungs, men-American Medical Association.) Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. Chronic interstitial nephritis, "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS state MEANS OF INJURY Chronic valvular heart disease; etc. The contributory affection need Nomenclature of the

| | PLACE OF DEATH County alleganes | STATE OF MARYLAND CERTIFICATE OF DEATH |
|------|---|--|
| N | THIN CORPORATE LIVITY of ACC. | Registration Dist. No. |
| | Village or City Cuculrilaud (No. allege 2FULL NAME DELLIS) Sa | Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.) |
| | PERSONAL AND STATISTICAL PARTICULARS | MEDICAL CERTIFICATE OF DEATH |
| | 3 SEX 4 COLOR OR RACE MARRIEO, Married WIOOWEO. OR DIVORCED (Writs the word) | 16 DATE OF OEATH) aux. 18 , 1921 (Month) (Day) (Year) |
| | 6 OATE OF BIRTH , 1861 | 17 I HEREBY CERTIFY, That I attended the deceased from 1931. to 2 aux. 18. , 1931. |
| | 7 AGE (Month) (Day) (Year) 1 If LESS than 1 day hrs. | and that death occurred on the date stated above, at 9. m. The CAUSE OF DEATH * was as follows: |
| - | 70 yrsds. ormin.? 8 OCCUPATION (a) Trade, profession or particular kind of work | Alat only six 6 hours |
| 10 m | (b) General nature of industry business, or establishment in which employed or (employer) | (Duration) yrs, mos 14 ds. |
| | 9 BIRTHPLACE (State or country) | Secondary (Partion) Jyrs mos ds. |
| | FATHER II BIRTHPLACE OF FATHER OF FATHER | (Signed). (Address) Course for fact for |
| | OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER OF MOTHER | *Stats the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal. 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- |
| | 13 BIRTHPLACE OF MOTHER (State or Country) | ients or Recent Residents) At place of death yrsmos. ds, Where was disease contracted, |
| | (Informant) Charletto Sauce | Former or usual residence |
| | (Address) Carelroland Mel | 19 PLACE OF BURIAL OR REMOVAL JOATE OF BURIAL JAW 10, 19.34 |
| | Filogan, 20, 1921. Have Helers | Foreis The luc Coulrdand |
| | If more branks are needed address tate Registrar, | , 16 W. Saratoga St., Balto., Requesting V. S. No. 1. |

(Approved by U. S. Census and American Public Health Association.)

fulness of various pursuits can be known. The ques-Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of cupation is very important, so that the relative health-Statement of Occupation-Precise statement of octired 6 yrs). For persons who have no occupation state occupation at beginning of illness. If retired from household only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, Housework, or At Home, and children, not gainfully emlaborer, Farm laborer, Laborer—Coal mine, etc. wom-en at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Physician, whatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook, ployed, as Al school, or Al home. Care should be taken Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons enborer, Farm laborer, Laborer—Coal mine, etc. Wom-For many occupations a single word or term on Compositor, Stationary fireman, etc. Architect, Locomotive engineer, But in many

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphilheria (avoid use of "Cruup"); Typhoid fever (never report "Typhoid Pneumonia,"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

telanus) may be stated under the head of "contributory." American Medical Association.) approved by Committee on stated unless important. Example: Measles (disease diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL perilonitis," etc. "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Shock," "Shock," atic), "Atrophy," "Collapse," "Coma," "Convulsions, Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles; (name origin; "Cancer" is less definite; avoid inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of (Recommendations on statement of cause of death carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all "Uraemia, ""Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (mcrely symptom-10 ds. Never report mere symptoms or terminal condicausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) Whooping cough; unqualified, is indefinite); Tuberculosis of lungs, menas fracture of skull, and consequences (e. g., sepsis, Examples: Accidental drowning; Struck by railway traintaken. FOR VIOLENT DEATHS State MEANS OF INJURY Chronic valvular heart disease; nephrilis, etc. The contributory affection need not be Nomenclature of the

| HYSI- Exact | PLACE OF DEATH County County WITHIN CORPORATE LI | STATE OF MARYLAND CERTIFICATE OF DEATH |
|---|--|---|
| CORD KACTLY, PR classified. | Village or City (No. | Registration Dist. No |
| E NE | 2FULL NAME Jane Web | a hospitul or institution, give its NAME in stand of street on number.) |
| | PERSONAL AND STATISTICAL PARTICULARS | MEDICAL CERTIFICATE OF DEATH |
| RMAGEN LIG be st lay be pr back of | 3 SEX 4 COLOR OR RACE 5 NINGLE, MARRIED, WIDOWED CR DIVORCED (Write the word) | 16 DATE OF DEATH 2 , 1923 (Month)— (Day) (Year) |
| PEI PEI III | S DATE OF BIRTH Roul 22, 19/0 | 17 I HEREBY CERTIFY, That I ettended the decessed from |
| IS A ACE that | / (Month) (Day) /rear 7 AGE (If LESS than | and that deeth occured on the date steted shove, at 7.30 P. m |
| THIS THIS rms so instru | 20 yrs. 7 mos. 10 ds. or min.? | The CAUSE OF DEATH, was so follows: |
| INK | (a) Trade, profession or particular kind of work (b) General nature of industry | Froctured Tright lower its |
| ING arefu | business, or establishment in which employed or (employer) | (Duration) yrs de |
| ARGIN JNFADI uld be c | (State or country) Ma | Secondary (Duration)yrsde |
| 2 7 50 0 | 10 NAME OF William D. Williams | (Signed) A J B J (Address) MX Savel & M. D |
| WITI | OF FATHER (State or country) 12 MAIDEN NAME PARENTS | *State the Discase Causing Death, or, In deaths from Vlolent Causes, state (1) Means of Injury and (2) whether Accidental, Suicidal or Homicidal. |
| state CUPA | of MOTHER Julie Merfough | 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recant Residents) |
| 4 5 0 | 18 BIRTHPLACE OF MOTHER (State or country) | At place of death yrs. ds. State yrs. ds. Where was disease contracted, |
| - 035 | 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE | if not at place of death? |
| WRITE Every Item CIANS sho statement | (Informant) William N. Williams (Address) M. Soval Ind | 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL |
| Eve CIA sta | Filed 5 1931 AMOM Cane 46 Registral | 20 UNDERTAKER ADDRESS Hantburger ADDRESS |
| · · | | , 16 W. Saratoga St., Balto., Requasting V. S. No. 1. |

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(Approved by U. S. Census and American Public Health Association.)

or given up on account of the DISEASE CAUSING DEATH. iployed, as At school, or At home. Care should be taken report specifically the occupations of persons entired 6 yrs). For persons who have no occupation state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Spinner, (b) Cotton mill; (a) Salesman. (b) Grocery; (a) Foreman, (b) Automobile feetory. The material should be used only when needed. As examples: (o) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the the first line will be sufficient, c. g., Fermer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health Statement of Occupation-Precise statement of ocbusiness, that fact may be indicated thus; Farmer definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the worked on may form part of the second statement. Never return 'Laborer," "Foreman," "Manager," "Dealnature of the business or industry, and therefore an Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary freman, etc. But in many whatever, write None. household only (not paid Housekeepers who receive a er," etc., For many occupations a single word or term on especially in industrial employments, it is neces-Furm laborer, At Home, and children, not gainfully emwithout more precise specification as Day Laborer--Coal mine, etc. Wom-(3.64

Statement of Cause of Death—Name, first, the DISCE CAUSING DEATH (the primary affection with respect to time and eausation), using always the same accept ed term for the same disease. Examples: Cerebros phalifeer (the only definite synonym is "Epidemie cerebros spinal meningitis"); Diphtheria (avoid use of "Crour"), "Iphoid fever (never report "Typhoid Pneumonia"), obar pneumonia. Bronchopneumonia ("Pneumonia")

American Medical Association.) as fracture of skull, and consequences (e.g., sepsis, tetanus) may be stated under the head of "contributory" diseases resulting from ehildbirth or miscarriage as "PUERPERAL septicaconia," "PUERPERAL peritonitis," etc. "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. (secondary or intercurrent) Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Meastes; inges, peritonacum, etc., Curcinoma, Sarcoma,, etc., of (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, menaccident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely taken. FOR VIOLENT DEATHS state MEANS OF INJURY can be ascertained as the cause. Whooping cough; approved by carbolic acid—probably suicide. and qualify as ACCIDENTAL, SUICIDAL, OF HOMICIDAL, State cause for which surgical operation was under-(Recommendations on statement of cause of death Examples: Accidental drowning; Struck by roilway train "Atrophy," "Collapse, Never report mere symptoms or terminal condi-Committee on Nomenelature Chronic Example: Measles (disease " "Coma," "Convulsions, The nature of the injury, affection need not be etc. The contributory valvular heart disease; Always qualify all

7. S. No. 1

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

| St.:Ward) | (If death occurred in a hospital or institu- tion, give its NAME in- stead of street and |
|-----------|---|
| | number.) |

| MEDICAL CERTIFICATE OF DEATH |
|---|
| 16 DATE OF DEATH JAN 7 , 193/ |
| (Month) (Day) (Yesr) 17 PIEREBY CERTHY, That I attended the deceased from 192 to , 192 , that I last saw have alive on , 192 , and that death occurred on the date stated above, at , 22 , m. The CAUSE OF DEATH * was as follows: |
| Contributory Secondary (Duration) (Duration) (Signed) (Address) (Duration) (Duration) |
| *State the Disease Causing Death, of in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal. |
| 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents) |
| At place of death yrs de. de. ln the State yrs de. |
| Where was disease contracted, if not at place of death? |
| Former or usual residence |
| 19 BLACE OF BURIAKOR REMOVAL PATE OF BURIAL RUGAL WYG ADDRESS 20 UNDERTAKER ADDRESS |
| 20 UN DERTAMER ADDRESS |

Saratoga St., Balto., Requesting

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from ployed, as At school, or At home. Care should be taken work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, Houseshould be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the fulness of various pursuits can be known. The queswhatever, write Nonc. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook, to report specifically the occupations of persons enhousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the er," etc., worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, (b) Cotton mill; (a) Salesman, (b) cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of cupation is very important, so that the relative health-Statement of Occupation-Precise statement of oclaborer, nature of the business or industry, and therefore an Foreman, (b) Automobile factory. The material For many occupations a single word or term on yrs). Farm laborer, Laborer-Coal mine, etc. without more precise specification as Day For persons who have no occupation Grocery,

EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accept, ed term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

American Medical Association.) telanus) may be stated under the head of "contributory." (secondary or intercurrent) affection need not be stated unless important. Example: Measles (disease inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid approved by Committee on Nomenclature (Recommendations on statement of cause of as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis, diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease "Inanition," "Marasmus," "Old Age," "Shock, "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," atic), "Atrophy," "Collapse," "Coma," "Convulsions, tions, such as "Asthenia," "Anaemia" (merely symptom-10 ds. Never report mere symptoms or terminal condicausing death), 29 ds.; Bronchopneumonia (secondary), Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles; Whooping cough; unqualified, is indefinite); Tuberculosis of lungs, men-FOR VIOLENT DEATHS state MEANS OF INJURY Chronic valvular heart disease; nephrilis, etc. The contributory

V. S. No. 1

| PLACE OF DEATH County Alle gasy Village or City Janacantaig 2FULL NAME John 7. 5 | STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. St.: Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.) |
|--|---|
| PERSONAL AND STATISTICAL PARTICULARS | MEDICAL CERTIFICATE OF DEATH |
| 3 SEX 4 COLOR OF RACE MARRIED, Puld WIDOWED. OR DIVORCED (Write the word) 6 DATE OF BIRTH December 29, 1930 (Month) (Day) (Year) | 16 DATE OF DEATH (Month) (Day) (Year) 17 I HEREBY CERTIFY, That Lattended the deceased from 1920. to 1921, that I last saw harmalive on 1920, 1920, |
| 7 AGE If LESS than day hrs. day hrs. or min.? | and that death occurred on the date stated above, at 1.75 a. m. The GAUSE OF DEATH * was as follows: |
| particular kind of work (b) General nature of industry business, or establishment in which employed or (employer) | (Duration) |
| (State or country) 10 NAME OF FATHER 11 BIRTHPLACE OF FATHER (State or country) Mary land 12 MAIDEN NAME 12 MAIDEN NAME | (Signed) (Duration) yrs mos. ds. (Signed) M. D. M. D. *State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal. |
| 12 MAIDEN NAME OF MOTHER & abelle Truly 13 BIRTHPLACE OF MOTHER (State or Country) Mary land | 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents) At place In the State yrs ds. State ds. |
| (Informant) John House (Address) Jonaconing, Mil | Where was disease contracted, if not at place of death? Former or usual residence |
| Filed Jan 5 - 13/ S. Ore Flown. Registrar If more blanks are needed, address State Registrar | 20 UNDERTAKER M. Sichholm Longcoming 16 W. Saratoga St., Balto., Requesting V. S. No. 1. |

(Approved by U. S. Census and American Public Health Association.)

additional line is provided for the latter statement; it fulness of various pursuits can be known. The quescupation is very important, so that the relative healther," etc., without more precise specification as Duy laborer, Farm laborer, Laborer—Coal minc, etc. Women at home, who are engaged in the duties of the Spinner, (b) Cotton mill; (a) Salesman. should be used only when needed. As examples: (a) sary to know (a) the kind of work and also (b) the Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of Statement of Occupation-Precise statement of octired 6 yrs). state occupation at beginning of illness, If retired from worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealnature of the business or industry, and therefore an Physician, Compositor, Architect, Locomotive engineer, whatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook work, or At Home, and children, not gainfully em-ployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a Housemaid, etc. If the occupation has been changed report specifically the occupations of persons en-Foreman, For many occupations a single word or term on especially in industrial employments, it is neces-For persons who have no occupation (b) Automobile factory. The materia (b) Grocery

Statement of Cause of Death—Name, first, the Dis-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospical fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

> telanus) may be stated under the head of "contributory." "PUERPERAL septicaemia," "PUERPERAL perilonitis," etc. 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomstated unless important. as fracture of skull, and consequences (e. g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJURY State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as causing death), 29 ds.; Bronchopneumonia (secondary), use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, menapproved by Committee on Nomenclature Examples: Accidental drowning; Struck by railreay traincan be ascertained as the cause. Always qualify all "(Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," (secondary or intercurrent) affection need not be Whooping cough; (name origin; "Cancer" is less definite; avoid American Medical Association.) (Recommendations on statement of cause of death "Atrophy," "Collapse, peritonaeum, etc., Carcinoma, Sarcoma, etc., of ng cough; Chronic valvular heart disease; interstitial nephritis, etc. The contributory "Congenital," "Senile," etc.), "Dropsy,
> "Heart failure," "Haemorrhage, Example: Measles (disease ," "Coma," ," "Convulsions,

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

| WITHIN CORPORATE | LIXXTS / OF | . 0 | 111 |
|--------------------------|-------------|--------|---------------------------|
| Village or City Commeles | Much (No M) | emoual | Horp. |
| | 00 | 71.4 | / |
| 2FULL NAME | Carl | Nice | ************************* |

PLACE OF DEATH

(Address)

Filed

| 2FULL NAME Earl 74 | (If death occurred in a hospital occurred in a hospital occurred in the stead of street and number.) |
|---|--|
| PERSONAL AND STATISTICAL PARTICULARS | MEDICAL CERTIFICATE OF DEATH |
| 3 SEX 4 COLOR OR RACE STINGLE, WARRIED, WIDGE OR DIVORCED COR DIVORCED (Write the word) | 16 DATE OF DEATH (Month) (Day) (Year). |
| 6 DATE OF BIRTH (Month) (Day) (Year) | that I last saw how alive on an |
| 7 AGE If LESS than I day hrs. or min.? | |
| (a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in which employed or (employer) | (Duration) yrs. mos. 7 d |
| 9 BIRTHPLACE (State or country) 10 NAME OF FATHER TO THE STATE 11 BIRTHPLACE | Contributory Secondary (Duration) (Duration) (Duration) (Duration) (Duration) (Signed) (Address) (Address) (Address) (Address) |
| OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER Emma Hates 13 BIRTHPLACE OF MOTHER OF MOTHER 13 BIRTHPLACE OF MOTHER | *State the Lisease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal. **SLENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents) At place In the State yrs |
| (State or country) | Where was disease contracted, Alambert And A MI |

(108

| of deathyrs | mos. d.ds. | State | yrs | MOS |
|---|----------------|-------|-----|----------------|
| Where was disease of if not at place of | contracted, UM | hella | ud, | Med |
| Former or | | 4 | | t _r |

| - | | | | | |
|----|-------|----|--------|----|---------|
| 19 | PLACE | OF | BURIAL | OR | REMOVAL |
| | 111 | | | 1 | na |

DATE OF BURIAL

ADDRESS

20 UNDERTAKER

If more b.anks are needed, addre-s tate Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

Registrar

(Approved by U. S. Census and American Public Health Association.)

ployed as At school, or At home. Care should be taken work, or At Home, and children, not gainfully household only (not paid Housekeepers who receive a business, that fact may be indicated thus; Farmer Continued 6 yrs). For persons who have no occupation state occupation at beginning of illness. If retired from definite salary), may be entered as Housewife Houselaborer. Farm laborer. Laborer—Coal mine, etc. Wom-en at home, who are engaged in the duties of the should be used only when needed. As examples: (a) whatever, write Nonc. or given up on account of the DISEASE CAUSING DEATH. Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook er," etc., without more precise specification as Day worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealadditional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the cupation is very important, so that the relative healthto report specifically the occupations of persons ennature of the business or industry, and therefore an Civil engineer, the first line will be sufficient, e. g., Farmer or Planter, Physician, Compositor, Architect, Locomotive engineer, fulness of various pursuits can be known. The question applies to each and every person, irrespective of Statement of Occupation-Precise statement of oc-Foreman, especially in industrial employments, it is neces-For many occupations a single word or term on (b) Cotton mill; (a) Salesman, (b) Grocery; man, (b) Automobile factory. The material Stationary fireman, etc. But in many (3)

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Corebrospinal fewer (the only definite synonym is "Epidemic cerebrospinal meningitis"); Iniphtheria (avoid use of "Croup"); Typhoid fewer (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

permanently filed.

(Recommendations on statement of cause of death paperoved by Committee on Nomenclature of the American Medical Association.) If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is tctanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by as fracture of skull, Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, "PUERPERAL septicuemia," "PUERPERAL perdonitis," diseases resulting from childbirth or miscarriage can be ascertained as the cause. Always qualify all "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," stated unless important. Example: Measles (disease inges, perilonueum, etc., Carcinoma, Sarcoma, etc., of taken. FOR VIOLENT DEATHS state MEANS OF INJULY State cause for which surgical operation was under-"Uraemia," "Weakness," etc., when a definite disease use of "Tumor" for malignant neoplasms); tions, such as "Asthenia," "Anaemia" (mercly symptomcausing death), 29 ds.; Bronchopneumonia (secondary), Whooping cough; unqualified, is indefinite); Tuberculosis of lungs, men-(secondary "Atrophy," "Collapse," "Come," "Convulsions, Never report mere symptoms or terminal condi-. (name origin; "Cancer" is less definite; avoid g cough; Chronic interstitial nephritis, or intercurrent) and consequences (e. g., sepais, affection need not be etc. The contributory valvular heart Measles; disease; as

(Approved by U. S. Census and American Fublic Health Association.)

work, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a er," etc., without more precise specification as Day laborer, Farm laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the definite salary), may be entered as Housewife, House-Spinner, (b) Collon mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective cl fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of octired 6 yrs). For persons who have no occupation state occupation at beginning of illness. If retired from additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed worked on may form part of the second statement. Never return "Laborer," "For man," "Manager," "Dealwhatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, report specifically the occupations of persons en-For many occupations a single word or term on Locomolive engineer,

Strtement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same dise se. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebros. inal menin_itis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

> "Debility" ("Congenital," "Senile," etc.), "Drepsy,"
> "E:haustion," "Heart failure," "IIaemorrhage,"
> "Inanition," "Marasmus," "Old Age," "Shock,"
> "Uraemia," "Weakness," etc., when a definite disease inges, rerilonaeum, etc., Carcinoma, Sarcoma, etc., ol approved by Committee on Nomenclature of the American Medical Association.) diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL perilonitis," etc. tions, such as "Asthenia," "Anaemia" (mcrely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), st_ted unless important. Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles; (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, mentelanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e. g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all (secondar) or intercurrent) affection need not be st.ted unless important. Example: Measles (disease Whooping cough; (Recommendations on statement of cause of taken. FOR VIOLENT DEATHS state MEANS OF INJULY Examples: Accidental drowning; Struck by railway train-"Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-Chronic valvular heart disease; nephrilis, etc. The contributory

PLACE OF DEATH

BINDING -THIS RESERVED

MARGIN

CERTIFICATE OF DEATH Registration Dist. No. Village or City (if death occurred in St.: Ward) erly class a hospital or institu-tion, give its NAME in-stead of street and 2FULL NAME number.) PERSONAL AND STATISTICAL PARTICUL MEDICAL CERTIFICATE OF DEATH 3 SEX 4 COLOR OR RACE 16 DATE OF DEATH MARRIED WIDOWED. OR DIVORCED pino (Month) (Day) 6 DATE OF BIRTH I HEREBY CERTIFY, That I attended the deceased from (Month) (Day) (Year) 7 AGE If LESS than and that death occurred on the date stated above, at I day hrs. The CAUSE OF DEATH * was as follows: Instr or min.? Arterio-Sclerosis 8 OCCUPATION 99 (a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in which employed or (employer) Chonnic Rheumatism Contributory impo 9 BIRTHPLACE Secondary (State or country) (Durstion) DO 10 NAME OF FATHER 3 1192 (Address) Longconing 11 BIRTHPLACE PARENTS OF FATHER *State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal. TION S (State or country) 12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-Every Item of inform CIANS should state statement of OCCUP ients or Recent Residents) 13 BIRTHPLACE At place of deathyrs......mos......da In the OF MOTHER (State or Country) Where was disease contracted, if not at place of death?..... THE BEST OF MY KNOWLEDGE Former or usual residence (Informant) DATE OF BURIA DDRESS maconno If mora branks are needed, address Stata Registrar, 16 W. Saratoga St., Baito., Requesting V.S.

STATE OF MARYLAND

(Approved by U. S. Census and American Public Health Association.)

Spinner, (b) Cotton mill; (a) Salesmon. sary to know (a) the kind of work and also (b) the fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of octired 6 yrs). state occupation at beginning of illness. If retired from work, or At Home, and children, not gainfully emen at home, who are engaged in the duties of the er," etc., should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of whatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook to report specifically the occupations of persons enployed as At school, or At home. Care should be taken definite "salary), may be entered as Housewife, Houseworked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealhousehold only (not paid Housekeepers who receive a Foreman, For many occupations a single word or term on especially in industrial employments, it is neces-Form laborer, Laborer-Coal mine, etc. Womwithout more precise specification as Day For persons who bave no occupation (b) Automobile foctory. The material 6 Grocery,

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospizal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia");

(secondary or intercurrent) affection need not be stated unless important. Example: Measles (disease corbolic acid-probably suicide. The nature of the injury oecident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. diseases resulting from childbirth or miscarriage as "(Exhaustion," "Heart failure," "Haemorrbage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease causing death), 29 ds.; Bronchopneumonia (secondary), use of "Tumor" for malignant neoplasms); Measles; (name origin; "Cancer" is less definite; avoid inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., oi unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) approved by Committee on Nomenclature letanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJURY State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. can be ascertained as the cause. Always qualify all atic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrbage," tions, such as "Asthenia," "Anaemia" (merely symptom-Chronic interstitial nephritis, Recommendations on statement of cause of death Examples: Aecidental drowning; Struck by railway troin-Whooping cough; Never report mere symptoms or terminal condi-Chronie valvular heart disease etc. The contributory

W.B.-Every item of information should be carefully supplied. ACE should be stated EXACTLY, PHYSI-CIANS should state OAUSE OF DEATH in plain terms so that it may be properly classified. Exact ENT VED FOR BINDING -THIS IS A PERM

| MARGIN RESER | WRITE PL. WITH UNFADING INK- | N. B Every item of information should be carefully si |
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| V. S. No. 1 | | N. BEV |

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| cate. | PLACE OF DEATH County Olly ONE (No. 57) Village or City Firstling (No. 57) Angala | St.: Ward) STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. St.: Ward) (If death occurred in a hospital or institution, give its NAME instead of street and |
| certific | PERSONAL AND STATISTICAL PARTICULARS | MEDICAL CERTIFICATE OF DEATH |
| Dack of c | 3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED. OR DIVORCED (Write the word) | 16 DATE OF DEATH 6 , 19\$/ |
| ctions on | (Month) (Day) (Year) | 17 I HEREBY CERTIFY, That I attended the deceased from 1950. to 5, 1921, that I last saw h Malive on Dec 15, 1950, |
| instru | yra. O mos. /O ds. or min.? | and that death occurred on the date stated above, at |
| mportant, see | (a) Trade, profession or particular kind of work (b) General nature of industry business, or eatablishment in which employed or (employer) 9 BIRTHPLACE (State or country) | (Duration) |
| is very in | 10 NAME OF Jolian Wight 11 BIRTHPLACE OF FATHER 2773 | (Signed) a. (Address) Justing Inde |
| 200 | Z (State or country) 12 MAIDEN NAME OF MOTHER OF MOTHER | *State the Disease Causing Death, or, in Jdeaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal. 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- |
| 2000 | 13 BIRTHPLACE OF MOTHER (State or country) | ients or Recent Residents) At place of deathyrsmosds. |
| TO THOU | (Informant) Junes Thight | Where was disease contracted, if not at place of desih? Former or usual residence |
| Stato | (Address) Troubing mod 15 Filed 1921 DIONE QUAR A Registrar | allegany Cemetery Fronting Jaw 8, 193/ 20 UNDERTHER ADDRESS Frosting |
| | If more blanks are needed, address State Registrar | , 15 W. Saratoga St., Balto., Requesting V. S. No. 1. |

(Approved by U.S. Census and American Public Health Association.)

gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons en-*ployed, as At school, or At home. Care should be taken fulness of various pursuits can be known. The quesshould be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of cupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocer," etc., Spinner, nature of the business or industry, and therefore an Physician, Compositor, Architect, Locomolive engineer, state occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealwhatever, write None. business, that fact may be indicated thus; Farmer (relaborer, Foreman, For many occupations a single word or term on or At Home, and children, not gainfully emyrs). For persons who have no occupation Farm laborer, Laborer-Coal mine, etc. Wom-(b) Cotton mill; (a) Salesman, (b) Grocery; eman, (b) Automobile factory. The material without more precise specification as Day

Statement of Cause of Death—Name, first, the pisease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebros; inal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

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| | 1PLACE OF DEATH | 66638 STATE OF MARYLAND |
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| | County Conty | CERTIFICATE OF DEATH |
| | WITHIN CORPORATE LIMITS | Registration Dist. No. |
| | Village or City Consultation No. 509 7 de | aing Care (1986 6-2Ward) (If death occurred in a hospital or institu- |
| | 2FULL NAME Pauline Jan | tion, give its NAME instead of street and number.) |
| | PERSONAL AND STATISTICAL PARTICULARS | MEDICAL CERTIFICATE OF DEATH |
| | Jamak White (Write the word) | 16 DATE OF DEATH (Month) Tr. (Day) (Year) |
| | 6 DATE OF BIRTH | 17 I HEREBY CERTIFY, That I attended the deceased from |
| | Fran 31 1926 | 1923/. to 1923/ |
| | (Mooth) (Day) (Year) | that I last saw h Malive on Jan 76, 1927, |
| | 7 AGE IfLESS than | and that death occurred on the date stated above, atm. |
| | 4 yrs. 9 mos. 26 ds. or min.? | The CAUSE OF DEATH * was as follows: |
| 1 | 8 OCCUPATION (a) Trade, profession or | Tylunga Browske |
| | particular kind of work | Topulking. |
| | (b) General nature of industry business, or establishment in | (Duration) vis mos 4 ds. |
| | which employed or (employer) | Contributory |
| | 9 BIRTHPLACE (State or country) | Secondary |
| | FATHER Claud O' Hearchuse | (Signed) Duration) yrs mos ds. (Signed) M. D. |
| | M H BIRTHPLACE C OF FATHER | *State the Disease Causing Death, or, in deaths from |
| | OF FATHER (State or country) 12 MAIDEN NAME | Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal. |
| | of MOTHER author Smeltre | 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents) |
| | 13 BIRTHPLACE OF MOTHER (State or Country) | At place of deathyrsmosds. In the Stateyrsmosds. |
| | 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE | Where was disease contracted, if not at place of dea.h? |
| | (Informant) C. D. Reardena | Former or usual residence |
| | (Address) 97 Jang Cus Extel. | 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL |
| | Filed Jan. 28 1931, Harry H. Weiss Registrar | 20 UMDERTAKER JOSEPH JO |
| | If more bianks are needed, address State Registrar | , 16 W. Saratoga St., Balto., Requesting V. S. No. 1. |
| it | | Mg. |

REVISED CERTIFICATE OF DEATH UNITED STATES STANDARD

(Approved by U. S. Census and American Public Health Association.)

household only (not paid Housekeepers who receive a fulness of various pursuits can be known. The ques-Statement of Occupation-Precise statement of ocdefinite salary), may be entered as Housewife, Housework, or At Home, and children, not gainfully emshould be used only when needed. As examples: (a) tion applies to each and every cupation is very important, so that the relative healthstate occupation at beginning of illness. If retired from ployed, as At school, or At home. Care should be taken er," etc., without more precise specification as Doy laborer, Form laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foremon, (b) Automobile foctory. The material additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Physician, Compositor, Architect, Locomotive engineer, the first line will be sufficient, e. g., Former or Planter, tired 6 yrs). gaged in domestic service for wages, as Servant, Cook, business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons enwhatever, write None. Foremon, For many occupations a single word or term on Stationary fireman, etc. For persons who have no occupation person, irrespective of But in many

spinal meningitis"); Diphtheria (avoid use of "Croup"); fever (the only definite synonym is "Epidemic cerebroed term for the same disease. Examples: Cerebrospinal Statement of Cause of Death-Name, first, the DIS Tyliboid fever (never report "Typhoid Pneumonia"); to time and causation), using always the same accept-EASE CAUSING DEATH (the primary affection with respect pneumonia, Bronchopneumonia ("Pneumonia,

> Itelanus) may be stated under the head of "contributory." (Recommendations on statement of cause of death as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury, use of "Tumor" for malignant neoplasms); Measles; (name origin; "Cancer" is less definite; avoid inges, pcrilonaeum, etc., Carcinoma, Sarcoma, etc., of approved by Committee on Nomenclature "(Exhaustion," "Heart failure," "Haemorrhage," "Shock," "Old Age," "Shock," stated unless important. accident; Revolver wound of head-homicide; Poisoned by diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. can be ascertained as the cause. Always qualify all "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), Chronic interstitial nephritis, Whooping cough; Chronic unqualified, is indefinite); Tuberculosis of lungs, menor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. For violent deaths state means of injury State cause for which surgical operation was under-"Uraemia," "Weakness," etc., when a definite disease (secondary or intercurrent) affection need not be stited unless important. Example: Measles (disease American Medical Association.) Examples: Accidental drowning; Struck by roilwoy train-"Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condivalvular heart disease; etc. The contributory

data is essential and must be obtained before the certificate is answered in detail, it will prevent further correspondence. permanently filed. If this certificate is looked over thoroughly and all questions

V. S. No. 1

| | PLACE OF DEATH | 60035 STAT |
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| | County allegherry | 95-6 CERTI |
| | Village or City M= Gool (No | Re St.: |
| A STATE OF THE PARTY OF THE PAR | 2 FULL NAME John agustus 1 | Verufh fer |
| | PERSONAL AND STATISTICAL PARTICULARS | MEDICAL CERT |
| | Male 4 COLOR OR RACE SINGLE, MARRIED, Married OR DIVORCED (Write the word) | 16 DATE OF DEATH |
| | 6 DATE OF BIRTH May 10, 188/ (Mony) (Day) (Year) | 17 ! HEREBY CERTIFY, 1930 |
| 75 | 7 AGE [If LESS than 1 day hrs. 7 mos. 27 ds. or min.? | and that death occurred on the The CAUSE OF DEATH * was as |
| | (a) Trade, profession or particular kind of work (b) General nature of industry pusiness, or establishment in which employed er (employer) 9 BIRTHPLACE (State or country) | Contributory Cardina Secondary |
| | 10 NAME OF FATHER 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER OF MOTHER 10 NAME OF FATHER AP AP | (Signed) |
| | OF MOTHER Vaus a Thomas 13 BIRTHPLACE OF MOTHER (State or country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE | ients or Recent Residents) At place of death yrs mos ds. Where was disease contracted, if not at place of death? |
| | (Informant) Mrs Ja Keupher (Address) M= Coole, Mid | Former or usual residence |
| | Filed Jon 8 - 1931 JS All Registrar | 29 UNDERTAKER JUNOOR |
| 1 | If more branks are needed, address trate Registrate | , 16 W. Saratoga St., Balto., Requ |

STATE OF MARYLAND FICATE OF DEATH

gistration Dist. No.

(If death occurred in a hospital or institu-tion, give Its NAME in-stead of street endWard)

number.)

IFICATE OF DEATH

| | | | 1000 |
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| (Mont) | h)(I | Day) | (Year) |
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| Address) | 1.1.1.2 | upse | VIVL |
| e Causing | Death, or, | in deat | hs from Whether |
| Iomicidal. | Ot anjury | and (2) | W tie Cine |
| | Hospitals, | Instituti | ons, Tran |
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| ds. | In the State | yrs | mosd |
| | Con the date was as followed w | (Month) (I RTIFY, That I attended 1920 to Jan (I) live on Jan (I) con the date stated above was as follows: (Duration) (| (Duration) yrs m disc decomposation (Duration) yrs m Address) m Address Death, or, is deat (1) Means of Injury and (2) (2) (2) (2) (3) (4) (4) (4) (4) (4) (4) (4) (4) (4) (4 |

ADDRESS

esting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the Physician, Compositor, Architect, Locamotive engineer, Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. cupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocnature of the business or industry, and therefore an cases, especially in industrial employments, it is necesstate occupation at beginning of illness. If retired from ployed. as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Houseer," etc., worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, tired 6 yrs. or given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Coak household only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the whatever, write Nonc. business, that fact may be indicated thus; Farmer Housemaid, etc. to report specifically the occupations of persons enlaborer, Foremun, For many occupations a single word or term on Farm laborer, (b) Cotton mill; (a) Salesman, (b) Grocery; man, (b) Automobile factory. The material At Home, and children, not gainfully emwithout more precise specification as Day For persons who have no occupation If the occupation has been changed Laborer-Coal mine, etc. Womre.

Statement of Cause of Death—Name, first, the bisy EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accept, ed term for the same disease. Examples: Cerebraspinal, feror (the only definite synonym is "Epidemic cerebrospinal meningitis": Diphtheria (avoid use of "Croup"); Typhoid fewer (never report "Typhoid Pneumonia"); Lobar meumonia, Bronchopmeumonia ("Pneumonia,")

data is essential permanently filed.

anywered in detail, it will prevent further correspondence. All the

inges, perdonaeum, etc., Carcinoma, Sarcoma, etc., of "Debility" ("Congenital," "Senile," etc.), "Dropsy,"
"Exhaustion," "Heart failure," "Haemorrhage," causing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, men-"PUERPERAL septicaemia," "PUERPERAL perilanilis, can be ascertained as the cause. Always qualify all "Inanition, tions, such as "Asthenia," "Anaemia" (merely symptom-(secondary or intercurrent) affection need not be tetanual) may be stated under the head of "contributory." carbolic acid-probably suicide. The nature of tho injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely taken. FOR VIOLENT DEATHS state MEANS OF INJUNY State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as "Uraemia," "Weakness," etc., when a definite disease All this certificate is looked over thoroughly and all questions Recommendations on statement of cause of as fracture of skull, and consequences (e.g., sepsis, Examples: Accidental drawning; Struck by railway trainand qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, American Medical Association.) approved by Committee on Nomenclature of the "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condiinterstitial nephritis, cough; Chronic valvular heart disease; " "Marasmus, " "Old Age, " "Shock," etc. The contributory Measles;

Filed au 12

| PLACE OF DEATH County Allegany Village or City Near Oltown.Md (No | STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. St.: Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.) |
|--|---|
| PERSONAL AND STATISTICAL PARTICULARS | MEDICAL CERTIFICATE OF DEATH |
| 3 SEX 4 COLOR OR RACE MARRIED, WIDOWED. OR DIVORCED IVORCED (Write the word) | 16 DATE OF DEATH Jan. 10.1931 , 192 |
| 6 DATE OF BIRTH | (Month) (Day) (Year) 17 I HEREBY CERTIFY, That I attended the deceased from 192, 192, |
| yrsds. ormin.? 8 OCCUPATION (a) Trade, profession or particular kind of work | The CAUSE OF DEATH * was as follows: Crushed to death this efect un automobile accident (Durstion) |
| 9 BIRTHPLACE (State or country) Md | Contributory Secondary (Duration) yrs mos ds. |
| 10 NAME OF George. Kinser | (Signed) Carrie a Frankolt S. Rogh. D. |
| OF FATHER (State or country) | *State the Disease Causing Death, or, in deaths from Violent Causes, stats (1) Means of Injury and (2) Whether |
| 12 MAIDEN NAME Mary Konrod | Accidental, Suicidal or Homicidal. 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- |
| 13 BIRTHPLACE OF MOTHER (State or Country) | ients or Recent Residents) At place In the of deathyrsmosds. Where was disease contracted, |
| (Informant) Lundy Kinser | Former or usual residence |
| Cumberland. Md | 19 PLACE OF BURIAL OR REMOVAL DATE OF BURI |

20 UNDERTAKER

J.hn.C.Wolford

Ian

ADDRESS

Cumperland. Ind

(Approved by U. S. Census and American Public Health Association.)

fulness of various pursuits can be known. The quescupation is very important, so that the relative healthdefinite salary), may be entered as Housewife, Housework, or At Home, and children, not gainfully emer," etc., without more precise specification as Lay laborer, Farm laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the Spinner, (b) Collon mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the husiness or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of Statement of Occupation-Precise statement of octired 6 yrs). state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Physician, whatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a For many occupations a single word or term on Compositor, Architect, Locomotive engineer, For persons who have no occupation Stationary fireman, etc. But in many

Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

> delanus) may be stated under the head of "contributory." approved by Committee on "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, stated unless important. use of "Tumor" for malignant neoplasms); Measles; (name origin; "Cancer" is less definite; avoid inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of (Recommendations on statement of cause of death carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. For VIOLENT DEATHS state MEANS OF INJURY State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease "Inanition," "Heart failure," "Iaemorrhage, "Shock," "Old Age," "Shock," tions, such as "Asthenia," "Anaemia" (merely symptom-10 ds. Never report mere symptoms or terminal condicausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) Chronic interstitial nephritis, Whooping cough; unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) as fracture of skull, and consequences (e.g., sepsis, Examples: Accidental drowning; Struck by railway train-"Atrophy," "Collapse," "Coma," "Convulsions, Chronic Example: Measles (disease etc. The contributory affection need not be valvular heart disease; Nomenclature of the

V. S. No. 1

| PLACE OF DEATH | 90041 STATE OF MARYLAND |
|--|--|
| County Clegary | (1246) CERTIFICATE OF DEATH |
| WITHIN CORPORATE AND A COLO | Registration Dist. No. |
| Village or Ciasselles laure 6. Me | (If death occurred in a hospital or institution, give its NAME instead of street and number.) |
| PERSONAL AND STATISTICAL PARTICULARS | MEDICAL CERTIFICATE OF DEATH |
| Temale White (Write the word) | 16 DATE OF DEATH 2 4 , 193/ (Month) (Day) (Year) |
| 6 DATE OF BIRTH Leb. 27 (Month) (Day) (Year) | 17 I HEREBY CERTIFY, That I attended the deceased from 1984 to 22 1996. that I last saw here alive on fam. 22 , 1996. |
| 7 AGE If LESS than | |
| . 34 yrs. // mos. 5 ds. or min.? | |
| B OCCUPATION (a) Trade, profession or particular kind of work | |
| (b) General nature of industry business, or establishment in which employed or (employer) 9 BIRTHPLACE (State or country) 10 NAME OF FATHER Jewy Moles | Contributory Chronic Endocartile Secondary Hyperfine Circhon 7 Jan. (Signed) P. Barrer M. D. |
| 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME | *State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal. |
| OF MOTHER 13 BIRTHPACE OF MOTHER (State or Country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE | IB LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents) At place of death yrs 2 mos 4 ds. In the State yrs mos ds. Where was disease contracted, Cumberland, Md. Former or 128 S. Lee St., Cumberland, Md. |
| (Informant) Islac Brick (Address 28 80 · Tee St | 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL OUN DERTAKER ADDRESS |
| Filed an . 24 192) . Havey H. Vers Registrar If more branks are needed, eddress State Registrar | Jania Standey Cumberlan |

(Approved by U. S. Census and American Public Health Association.)

business, that fact may be indicated thus; Farmer (re-tired 6 yrs). For persons who have no occupation state occupation at beginning of illness. If retired from work, or At Home, and children, not gainfully em-Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material should be used only when nccded. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necesthe first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocgaged in domestic service for wages, as Servant, Cook, definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the nature of the business or industry, and therefore an Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many whatever, write None. or given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. etc., Foreman, For many occupations a single word or term on Farm laborer, Laborer-Coal mine, etc. Womwithout more precise specification as Day

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Gerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Crupp"); *Typhoid fever* (never report "Typhoid Pneumonia,"); *Lobar pneumonia, Bronchopneumonia* ("Pneumonia,")

atic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Shock," "Old Age," "Shock," inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of telanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. FOR VIOLENT DEATHS State MEANS OF INJURY State cause for which surgical operation was under-"PUERPERAL seplicaemia," "PUERPERAL perilonitis," etc. diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. Example: Measles (disease (secondary or intercurrent) affection need not be Whooping cough; use of "Tumor" for malignant neoplasms); (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, menapproved by Committee on Nomenclature Examples: Accidental drowning; Struck by railway train-American Medical Association.) (Recommendations on statement of cause of death Never report mere symptoms or terminal condiinterstitial nephritis, Chronic etc. The contributory valvular heart disease; Measles;

1PLACE OF DEATH

STATE OF MARYLAND

| County Allegany | CERTIFICATE OF DEATH |
|--|--|
| WITHIN CORPORATE LIMITS | Registration Dist. No. |
| Village or CityNoah.R.Krimm | Mard) St.: Ward) (If death occurred in a hospital or institution, give its NAME instead of number.) |
| PERSONAL AND STATISTICAL PARTICULARS | MEDICAL CERTIFICATE OF DEATH |
| Male White Single, MARRIED, WIDOWED. OR DIVORCED (Write the word) Nature | 16 DATE OF DEATH 31, 1931- , 193/ (Month) (Day) (Year) |
| April 10 1874 (Month) (Day) (Year) | I HEREBY CERTIFY, That I attended the deceased from 20 13 to 31 , 193 , the I last saw handlive on 31 , 193 , |
| 7 AGE 56 9 21 If LESS that I day hre or min. | and that death occurred on the date stated above, at 11.15.10 m. The CAUSE OF DEATH * was as follows: |
| (a) Trade, profession or Civil English (b) General nature of industry business, or establishment in which employed or (employer) | (Duration) Laboration de |
| 9 BIRTHPLACE (State or country) | Contributory Secondary Ducation yes the Contributory Secondary |
| 10 NAME OF FATHER Nogh.Krimm, Sr | (Signed) 7 M. D. J. C. 7 B. Oliver S. 193 (Address) 7 B. Oliver S. 193 (Ad |
| OF FATHER Z (State or country) | *State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal. |
| of Mother Mary Bishop | 1B LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents) |
| 13 BIRTHPLACE OF MOTHER (State or Country) | At place of desthyrsmosds. Stateyrsmosds. |
| 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE | if not at place of death? |
| (Informant) Cora. Krimm Cumberland. Md | Former or usual residence 22 averett ave umberland |
| (Address) | Rose Hill Feb 2 1931 |
| 15 Filed 1. 2, 1923/1 Harvey H. Wes | 20 UNDERTAKER ADDRESS John.C.Wolford Cumberland. Md |

If more blanks are needed, addre.s State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

work, or At Home, and children, not gainfully emhousehold only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the age. For many occupations a single word or term on the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative healthployed, as At school, or At home. Care should be taken Spinner, (b) Cotton mill; (a) Salesman, (b) should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many Statement of Occupation-Precise statement of octired 6 yrs). For persons who have no occupation state occupation at beginning of illness. If retired from to report specifically the occupations of persons en-Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. Physician, Compositor, whatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook, etc., Foreman, (b) Automobile factory. The material Farm laborer, Laborer-Coal mine, etc. Womwithout more precise specification as Day Architect, Locomotive engineer, Grocery;

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal.meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia,"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis," diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Inanition," "Marasmus," "Old Age," "Shock," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. Example: Measles (disease (secondary or intercurrent) affection need Chronic interstitial nephritis, etc. The contributory Whooping cough; use of "Tumor" for malignant neoplasms); Measles; (name origin; "Cancer" is less definite; avoid inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of unqualified, is indefinite); Tuberculosis of lungs, mentelanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, "Uraemia," "Weakness," etc., when a definite disease approved by Committee on as fracture of skull, and consequences (e.g., sepsis, Examples: Accidental drowning; Struck by railway train-American Medical Association.) (Recommendations on statement of cause of death "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS State MEANS OF INJURY Chronic valvular heart disease; Nomenclature of the not be

V. S. No. 1

| WRITE PL ., WITH UNFADING INK-THIS IS A PERM ENT | N. BEvery item of information should be carefully supplied. ACE should be stated CIANS should state CAUSE OF DEATH in plain terms so that it may be properly statement of OCCUPATION is very important. See instructions on back of certify |
|--|---|
| Š | be be |
| RM | ouic may |
| PE | sh ==================================== |
| A | CE tha ion |
| IS | So i |
| TIS | lied ns nstr |
| -TI | terr te ir |
| -X- | y st |
| | full pla |
| N | are Tin |
| AD | ATI |
| N | DE DE |
| 7 | OF Ve |
| IT | SEN |
| 3 | Tion Tion |
| | PA P |
| 3 | Stat |
| PL | T P |
| Щ | To t |
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| | , |
| | ż |

| PLACE OF DEATH | 00043 STATE OF MARYLAND |
|--|--|
| County Elle as MA | CERTIFICATE OF DEATH |
| PODE | Registration Dist. No. |
| Village or City TOSTOVY (No | Ward) (If death occurred in a hospital or institution, give its NAME in stead of street and number.) |
| PERSONAL AND STATISTICAL PARTICULARS | MEDICAL CERTIFICATE OF DEATH |
| 3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word) | (Month) (Day) (Year) |
| 6 DATE OF BIRTH | 17 I HEREBY CERTIFY, That I attended the deceased from |
| 1- 30, 193/ (Month) (Day) (Year) | that I last saw h alive on , 192 , 1 |
| 7 AGE If LESS than 1 day hrs. mos. ds. or min.? | |
| 8 OCCUPATION (a) Trade, profession or particular kind of work | |
| (b) General nature of industry business, or establishment in which employed or (employer) | (Duration) Ayrs. mos. ds. |
| 9 BIRTHPLACE (State or country) 10 NAME OF FATHER 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER 13 BIRTHPLACE OF MOTHER (State or country) 14 BIRTHPLACE OF MOTHER (State or country) 15 BIRTHPLACE OF MOTHER (State or country) | Contributory Secondary Duration Wiss mos ds. (Signed) *State the Disease Causing Death, or in death from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal. 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents) At place of death yrs mos ds. Where was disease contracted, |
| (Informant) WILLIAM AMBURALIN | if not at place of death? Former or usual residence |
| (Address) Della Market | 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL , 19 |
| Filed - 12 By Dr. W. O. M. J. A. Registrar | 20 UN DERTAKER ADDRESS |
| If more blanks are needed, address State Registras | , 16 W. Saratoga St., Balto., Requesting V. S. No. 1. |

(Approved by U. S. Census and American Public Health Association.)

*gaged in domestic service for wages, as Servant, Cook, to report specifically the occupations of persons enwork, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Housefulness of various pursuits can be known. The quescupation is very important, so that the relative health-Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the husiness or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, Physician, Compositor, Architect, Locomotive engineer, tion applies to each and every person, irrespective of Statement of Occupation-Precise statement of ocstate occupation at beginning of illness. If retired from household only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the er," etc., without more precise specification as Day laborer, Farm laborer, Laborer—Coal mine, etc. Wom-Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. whatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed Foreman, (b) Automobile factory. The material For many occupations a single word or term on yrs). For persons who have no occupation

Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia," s; inal meningitis"); Diphtheria (avoid use of "Croup"); fever (the only definite synonym is "Epidemic cerebroed term for the same discase. Examples: Cerebrospinal EASE CAUSING DEATH (the primary affection with respect Statement of Cause of Death-Name, first, the DISto time and causation), using always the same accept,

> inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaenia" (merely symptomcausing death), 29 ds.; L. Shopneumonia (secondary), stated unless important use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, mentelanus) may be stated under the head of "contributory." diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. can be ascertained as the cause. Always qualify all Chronic interstitial nephritis, Whooping cough; (name origin; "Cancer" is less definite; avoid American Medical Association.) approved by Committee on Nomenclature as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely, and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. For violent deaths state means of injury State cause for which surgical operation was under-(secondary or intercurrent) (Recommendations on statement of cause of Examples: Accidental drowning; Struck by railway train-"Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-Chronic Example: Measles (disease affection need not be etc. The contributory valvular heart disease;

answered in detail, it will prevent further correspondence. data is essential and must be obtained before the certificate is . It, this certificate is looked over thoroughly and a'l questions

permanently filed.

5

PLACE OF DEATH

(Approved by U. S. Census and American Public Health Association.)

tired 6 yrs). For persons who have no occupation state occupation at beginning of illness. If retired from work, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken er," etc., without more process. Coal mine, etc. Wom-laborer, Farm laborer, Laborer—Coal mine, etc. Wom-Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocdefinite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealnature of the husiness or industry, and therefore an Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many whatever, write Nonc. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook, to report specifically the occupations of persons enhousehold only (not paid Housekeepers who receive a For many occupations a single word or term on especially in industrial employments, it is neceswithout more precise specification as Day

Statement of Cause of Death—Name, first, the DISERASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

American Medical Association.) telanus) may be stated under the head of "contributory." inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of approved by Committee on Nomenclature of the (Recommendations on statement of cause of death as fracture of skull, and consequences (e. g., sepsis, carbolic acid-probably sucide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy,"
"Exhaustion," "Heart failure," "Haemorrhage,"
"Inanition," "Marasmus," "Old Age," "Shock," tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. (secondary or intercurrent) affection need not be stited unless important. Example: Measles (disease Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis, etc. The contributory use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, men-Examples: Accidental drowning; Struck by railway traintaken. FOR VIOLENT DEATHS State MEANS OF INJURY "Atrophy," "Collapse," "Coma," "Convulsions, .. (name origin; "Cancer" is less definite; avoid Never report mere symptoms or terminal condi-

PLACE OF DEATH

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STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. (If death occurred in a hospital or institution, give its NAME is stead of street and number.) 2FULL NAME PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 5 SINGLE. 3 SEX 4 COLOR OR RACE 16 DATE OF DEATH MARRIED WIDOWED OR DIVORCED (Write the word) 6 DATE OF BIRTH attended the deceased (Month) (Year) 7 AGE If LESS than and that death occurred on the date stated above, The CAUSE OF DEATH * was as follows: or min.? B OCCUPATION (a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in which employed or (employer) Contributory 9 BIRTHPLACE Secondary (State or country) (Duration) 10 NAME OF (Signed) (Address) 11 BIRTHPLACE RENTS OF FATHER te the Disease Causing Death, or, in Causes, state (1) Means of Injury and deaths from (State or country) and (2) Whether Accidental, Suicidal or Homicidal. 12 MAIDEN NAME PA OF MOTHER 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents) 13 BIRTHPLACE At place of death In the OF MOTHER State. vrs. mos. (State or country) Where was disease contracted, if not at place of death? Former or usual residence 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL 20 UNDERTAKER ADDRESS 15 Filed Registrar If more blanks are needed, address State Registrar, 16 NV. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Consus and American Public Health Association.)

definite salary), may be entered as Housewife, House-work, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken fulness of various pursuits can be known. The ques-Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary freman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to cach and every person, irrespective of cupation is very important, so that the relative health-Statement of Occupation-Precise statement of oc-Housemaid, etc. If the occupation has been changed state occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH gaged in domestic service for wages, as Servant, Cook household only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the er," etc., without more precise specification as Day worked on may form part of the second statement.

Never return "Laborer," "Foreman," "Manager," "Dealwhatever, write None. business, that fact may be indicated thus; Farmer (rereport specifically the occupations of persons en-For many occupations a single word or term on yrs). For persons who have no occupation Farm laborer, Laborer-Coal minc, etc. Wom-Locomotive engineer,

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebros; inal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobur pneumonia, Bronchopmeumonia ("Pneumonia,")

"Debility" ("Congenital," "Scnile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hacmorrhage," "Shock," "Old Age," "Shock," stated unless important Example: Measles (disease inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of diseases resulting from childbirth or miscarriage as 'PUERPERAL septicaemia," "PUERPERAL perilonitis," etc. tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; 'L. chopneumonia (secondary), use of "Tumor" for malignant neoplasms); Measles; (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, menapproved tctanus) may be stated under the head of "contributory." or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease 10 ds. Never report mere symptoms or terminal condi-(secondary or intercurrent) Chronic interstitial nephritis, American Medical Association.) carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway train-(Recommendations on statement of cause of death as fracture of skull, and consequences (e.g., sepsis, "Atrophy," "Collapse," "Coma," "Convulsions, FOR VIOLENT DEATHS state MEANS OF INJURY by Committee on cough; Chronic etc. The contributory affection need valvular heart Nomenclature of the disease; not be

| PLACE OF DEATH | 00046 STATE OF MARYLAND | |
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| County allegue | CERTIFICATE OF DEATH | |
| WITHIN CORPORATE DIMITS A | Registration Dist. No. | |
| Village or City (No. 11) | Ward) (If death occurred in a hospital or institu- | |
| \ 2FULL NAME Typaion Llewe | tion, give its NAME in- stead of street and number.) | |
| PERSONAL AND STATISTICAL PARTICULARS | MEDICAL CERTIFICATE OF DEATH | |
| Temale White (Write the word) | (Month) (Day) (Year) | |
| Oct. 15, 1912 | I HEREBY CERTIFY, That I attended the deceased from | |
| (Month) (Day) (Year) 7 AGE Iff LESS than | that I last saw he alive on 2 1923. | |
| 18 yrs. 15 mos. 17 ds. or min.? | and that death occurred on the date stated above, atm. The CAUSE OF DEATH * was as follows: | |
| a OCCUPATION (a) Trade, profession or particular kind of work | Sheet | |
| (b) General nature of industry business, or establishment in | | |
| which employed or (employer) sales weeks. | (Duration) yrs dos. | |
| 9 BIRTHPLACE (State or country) Maryland | Contributory (Life Formation) Line Roll 2 de. | |
| FATHER tauley Layrelly | (Signed) M.D. | |
| OF FATHER (State or country) | *State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal. | |
| of MOTHER illie Walkinson | 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- | |
| 13 BIRTHPLACE OF MOTHER | ients or Recent Residents) At place 5 12 hrs. in the State yrs. mos de. | |
| (State or Country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE | of death yrs mos ds, State yrs mos ds, Where was disesse contracted, from the place of death? | |
| (Informant) Fire Lillie Klavelly a | Former of 17 Walnut St, Cumberland. | |
| (Address) 417 Walnut St- Cify | Rose Hill Cemeter Jan 5, 1931 | |
| Filedan 2, 1931, Harry Hles Registrar | Louis Stein Luc Punt - Mal | |
| If more blanks are needed address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1. | | |

(Approved by U. S. Census and American Public Health Association.)

fulness of various pursuits can be known. The ques-Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material sary to know (a) the kind of work and also (b) the tion applies to each and every person, irrespective of cupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocstate occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, definite salary), may be entered as Housewife, Housework, or At Home, and children, not gainfully emer," etc., without more precise specification as Lay laborer, Farm laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the Never return "Laborer," "Foreman," "Manager," "Dealshould be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. Physician, Compositor, Architect, the first line will be sufficient, e. g., Farmer or Planter, whatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a worked on may form part of the second statement For many occupations a single word or term on yrs). For persons who have no occupation without more precise specification as Day Locomotive engineer, But in many

Statement of Cause of Death—Name, first, the DIS-DASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

> tetanus) may be stated under the head of "contributory." stated unless important. use of "Tumor" for malignant neoplasms); (name origin; "Cancer" is less definite; avoid inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "Inanition," "Marasmus," "Old Age," "Shook," "Debility" ("Congenital," "Senile," etc.), "Dropsy," ("Exhaustion," "Heart failure," "Haemorrhage," Chronic interstitial nephritis, unqualified, is indefinite); Tuberculosis of lungs, menas fracture of skull, and consequences (e.g., sepsis, accident; Revolver wound of head-homicide; Poisoned by can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondary Whooping cough; Chronic American Medical Association.) approved by Committee on Nomenclature of the (Recommendations on statement of cause of death carbolic acid-probably suicide. The nature of the injury, Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. For violent deaths state means of injury State cause for which surgical operation was under-"Atrophy," "Collapse, Never report mere symptoms or terminal condior intercurrent) Example: Measles (disease ," "Coma," "Convulsions, etc. The contributory valvular heart affection need not be Mcasles; disease;

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| | 1PLACE OF DEATH County All Gary | STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist, No. |
|-----------------|--|--|
| 2000 | Village or City Monage (No | St.: Ward) (If death occurred in a hospitual or institution, give its NAME in stead of atreet and number.) |
| 3 | PERSONAL AND STATISTICAL PARTICULARS | MEDICAL CERTIFICATE OF DEATH |
| ממטע | MILL WILL OR DIVORCED WILL (Write the word) | 16 DATE OF DEATH (Month) (Day) (Year) |
| 010 | (Month) (Day) (Year) | that I last saw have all the saw have al |
| | 7.AGE If LESS than | and that death occurred on the date stated above, at # 1 |
| 10 m | 72 yrs. 1 mos. 2 7 ds. or min.? | The CAUSE OF DEATH * was as follows: |
| 000 | (a) Trade, profession or particular kind of work parti | HuxBlock |
| boi (a) | business, or establishment in Sur Merchandese 9 BIRTHPLACE 9 BIRTHPLACE | Contributory Contr |
| IN 13 VOLY IIII | (State or country) 10 NAME OF FATHER Subristy Mattury by 11 BIRTHPLACE OF FATHER (State or country) | (Signed). (Duration) yrs. mos. ds (Signed). (Address) M. D. (Address) M. D. (Address) M. (Addre |
| | 12 MAIDEN NAME OF MOTHER OF MOTHER OF MOTHER OF MOTHER | Accidental, Suicidal or Homicidal, 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents) At place of death yrs |
| | (State or country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE | Where was disease contracted, if not at place of death? |
| 10101 | (Address) MX Javag L MA | 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL MAN 193/ |
| 0 | Filed / / 8 1923 / A Bustatta MA Registral | 20 UNDERTAKER Hostrug Md |
| - | If more branks are needed, addross State Registrar. | , 16/W. Saratoga St., Palto., Requesting V. S. No. 1. |

(Approved by U. S. Census and American Public Health Association.)

"gaged in domestic service for wages, as Servant, Cook to report specifically the occupations of persons enstate occupation at beginning of illness. If retired from er," etc., Without and Caborer—Coal mine, etc. laborer, Farm laborer, Laborer—Coal mine, etc. Spinner, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g.. Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. cupation is very important, so that the relative health Statement of Occupation-Precise statement of ocbusiness, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH. ployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the worked on may form part of the second statement. Never return 'Laborer," "Foreman," "Manager." "Dealnature of the business or industry, and therefore an eases, especially in industrial employments, it is neceswhatever, write None. Housemaid, etc. If the occupation has been changed work, Foreman, or At Home, and children, not gainfully em-For many occupations a single word or term on yrs). For persons who have no occupation (b) Cotton mill; (a) Salesman, without more precise specification as Day (b) Automobile factory. The material (b) The ques-Grocery;

Statement of Cause of Death—Name, first, the Disease Causing Death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cerebrospinal maningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia. Bronchopneumonia ("Pneumonia");

tetanus) may be stated under the head of "contributory. as fracture of skull, and consequences (e. g., sepses, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. diseases resulting from childbirth or miscarriage as can be ascertained as the cause. "Debility" ("Congenital," "Senile," etc.), "Dropsy,"
"Exhaustion," "Heart failure," "Haemorrhage,"
"Inanition," "Marasmus," "Old Age," "Shock,"
"Uracmia," "Weakness," etc., when a definite disease 10 ds. Never report mcre symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. use of "Tumor" for malignant neoplasms); Measles; inges, peritonacum, etc., Carcinoma, Sarcoma, American Medical Association.) approved by (Recommendations on statement of cause of death Examples: Accidental drowning; Struck by railway train-(secondary or intercurrent) affection need not be Whooping cough; Chronic valuular heart disease; Chronic interstitial nephritis, etc. The contributory Whooping cough; unqualified, is indefinite); Tuberculosis of lungs, men-..... (name origin; "Cancer" is less definite; avoid "Atrophy," "Collapse," "Coma," "Convulsions, FOR VIOLENT DEATHS state MEANS OF INJURY Committee on Nomenclature Example: Measles (disease etc. The contributory Always qualify all etc., of

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| V. S. No. 1 | | A L |
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| PLACE OF DEATH | 00048 STATE OF MARYLAND |
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| County County Control Control Control County | CERTIFICATE OF DEATH |
| FAIN EGAND | Registration Dist. No. 9 |
| Village or City 100 (No. Myre | |
| 2FULL NAME 9 To 2 | St.: Ward) A hospital or institution, give its NAME Instead of street and number.) |
| PERSONAL AND STATISTICAL PARTICULARS | MEDICAL CERTIFICATE OF DEATH |
| Mall White Single. Single. MARRIED WIDOWED. OR DIVORCED WITHOUT COME. (Write the word) Short | 16 DATE OF DEATH , 1923 , (Month) (Day) (Year) |
| 6 DATE OF BIRTH (1854) 4, 1854 | 17 HEREBY CERTIFY, That I attended the deceased from 1920 to Am 2/ ,1923 |
| (Month) (Day) (Year) | 1 and the same of |
| 7 AGE If LESS than 1 day hrs | |
| 6 yrs. 5 mos. / Zds. or min. | 1 1// 4 / 4 / 4 |
| B OCCUPATION (a) Trade, profession or | |
| particular kind of work | Dud Ludden |
| (b) General nature of industry business, or establishment in | (Direction) yrs mos ds. |
| which employed or (employer) | Contributory Addi Varalysii |
| 9 BIRTHPLACE (State or country) | Secondary |
| 10 NAME OF | Question) yrs de, |
| FATHER Latrick McComale | (Signed) M. D. |
| U 11 BIRTHPLACE OF FATHER | 1924 (Address) Out on in death from |
| OF FATHER (State or country) 12 MAIDEN NAME | *State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal. |
| of MOTHER Bridget Bling on the ding | 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- |
| 13 BIRTHPLACE OF MOTHER | ients or Recent Residents) At place In the State yrs Mos. Mos. State yrs Mos. Mos. Mos. Mos. Mos. Mos. Mos. Mos |
| (State or Country) | Where was disease contracted, Barton Marie (|
| 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE | if not at place of death? |
| (Informant) Jupanus Myledianag | usual residence |
| (Address) | St Gapriel Center Jun 23, 1971 |
| Filed /21 19 6 SMO, MC Com A | 20 UNDERTAKER PROSTON IM |
| | r, 16 W. Saratoga St., Balto., Requesting V. S. No. 1. |
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(Approved by U. S. Census and American Public Health Association.)

Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the the first line will be sufficient, e. g., Farmer or Planter, Physician, Compositor, Architect, Locomotive engineer, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write Nonc. tired 6 yrs). For persons who have no occupation business, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook, to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealshould be used only when needed. As examples: (a) nature of the business or industry, and therefore an Civil engineer, Stationary fireman, etc. But in many ," etc., For many occupations a single word or term on or At Home, and children, not gainfully emespecially in industrial employments, it is neces-Farm laborer, Laborerwithout more precise specification as Day -Coal minc, etc. Wom-

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Spinal meningitis"); Diphtheria (avoid Pneumonia"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

approved by Committee on Nomenclature inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid American Medical Association.) diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. atic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease use of "Tumor" for malignant neoplasms); (Recommendations on statement of cause of tclanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. For VIOLENT DEATHS state MEANS OF INJURY State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection need not be stated unless important. Example: Measles (disease Whooping cough; Chronic Chronic interstitial nephritis, unqualified, is indefinite); Tuberculosis of lungs, men-Examples: Accidental drowning; Struck by railway train-Never report mere symptoms or terminal condietc. The contributory valvular heart disease; Measles ; death

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| PLACE OF DEATH | 60049 | STATE OF | MARYLAND |
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| County allyans | 0 | CERTIFICATE | OF DEATH |
| | (8) | Registration | Dist. No. |
| Village or City resuploum (No. | | St.: Ward | |
| 2FULL NAME | 7u | cs/Cle | tion, give its NAME i stead of street ar number.) |
| PERSONAL AND STATISTICAL PARTICULARS | MEDICA | L CERTIFICATE | OF DEATH |
| 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word) | 16 DATE OF DEATH | (Month) | , 19 3 (|
| 6 DATE OF BIRTH | Jun 30 th | CERTIFY, That I att | a 15- |
| 7 AGE If LESS than I day hrs. wrs. ds. or min.? | and that death occurre | | dabove, at 9 G. n |
| 8 OCCUPATION (a) Trade, profession or particular kind of work | Sprita | nemo a | bolia |
| (b) General nature of industry business, or establishment in which employed or (employer) | | (Duration) | yrsd |
| 9 BIRTHPLACE (State or country) Mayland | Contributory | (Duration) | yrsmos,a |
| 10 NAME OF FATHER Wallace her Kee | (Signed) M . M | (Address) Will | lautus. |
| OF FATHER (State or country) Manyland 12 MAIDEN NAME | *State the Disc Violent Causes, stat Accidental, Suicidal or | ease Causing Death, te (1) Means of Ir Homicidal. | or, in deaths from njury and (2) Whether |
| of MOTHER Mary Culleur | 18 LENGTH OF RESI | | tals, Institutions, Tran |
| OF MOTHER (State or Country) Scattand | At place of death | | teyrsmosd |
| 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE | Where was disease contra if not at place of death? Former or | crea, | |
| (Informant) home Wallace her Ree | usual residence | | |
| (Address) Europaleur - med A. 7D 1- | 19 PLACE OF BURIAL | OR REMOVAL | DATE OF BURIAL |
| Filed 192 Registrar | 20 UNDERTAKER | _ | ADDRESS |

(Approved by U. S. Census and American Public Health Association.)

fulness of various pursuits can be known. The queser," etc., without more precise specification as Day laborer, Farm laborer, Laborer—Coal mine, etc. Wom-Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of cupation is very important, so that the relative health-Statement of Occupation-Precise statement of octired 6 yrs). For persons who have no occupation state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed definite salary), may be entered as Housewife, Housework, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken worked on may form part of the second statement. Physician, Compositor, Architect, Locomotive engineer, whatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, en at home, who are engaged in the duties of the Never return "Laborer," "Foreman," "Manager," "Dealto report household only (not paid Housekeepers who receive a For many occupations a single word or term on specifically the occupations of persons en-Stationary fireman, etc. But in many

Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

> "Inanition," "Marasmus," "Old Age," "Shock," "Iraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy," Exhaustion," "Heart failure," "Haemorrhage, inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of tetanus) may be stated under the head of "contributory." diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis, etc. The contributory use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, menapproved by Committee on Nomenclature as fracture of skull, and consequences (e. g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely, and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJURY State cause for which surgical operation was under-(secondary or intercurrent) affection need not be American Medical Association.) (Recommendations on statement of cause of death Examples: Accidental drowning; Struck by railway train-"Atrophy," "Collapse," "Coma," "Convulsions, .. (name origin; "Cancer" is less definite; avoid Never report mere symptoms or terminal condi-Example: Measles (disease

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

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WRITE PL.

CIANS sh statement

N. B.--

state CAUSE OF DEATH IN PI CCUPATION IS very important

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| SERVED FOR BINDING | A PERM | that it ma | no suon |
| /ED FO | THIS IS | ppiled. A |) Instruct |
| ER | NK- | ly su | 000 |

| | PLACE OF DEA | TH | | 66050 | STATE OF M | AADVI AND |
|-------|--|--------------------------|----------------------------------|--|--|--|
| | | | | 00000 | CERTIFICATE | OF DEATH |
| | CountyAllega | 1117. | | (108) | | 11 |
| /17 | THIN CORPORATE | LIMITS | | | Registration I | |
| Vil | llage or City Cumbe | | emor <u>ial</u> | Hospital, | St. Ward) | tion, give its NAME is stead of street an |
| | 2FULL NAME. | Emma Mills, | | | *********************************** | number.) |
| | PERSONAL AND | STATISTICAL PARTICL | JLARS | MEDICA | L CERTIFICATE | F DEATH |
| | Female 4 COLOR Whit | OR DIVORCED | | | January | 12 , 1921. |
| | DATE OF BIRTH | (Write the word |) | , | | (Day) (Year) |
| 0 1 | | October 23 (Month) (Day) | ., 1890 (Year) | | 1923/. 10 /- | 1 7 2 |
| 7 / | AGE LDyr | 0 10 | If LESS than l day hrs. or min.? | and that death occurre | ed on the date stated | 177 |
| Se Co | OCCUPATION a) Trade, profession or articular kind of work, b) General nature of incusiness, or establishmen | | | Loba | Bre | |
| | which employed or (empl | | | | (Duration) | yrsdi |
| 9 E | (State or country) | Pennsylvani | a, | Contributory Secondary | (Duration) | yıs mos d |
| | 10 NAME OF FATHER | Nathan Morri | 3 | (Signed) 737. C | 7. Noce | lean M |
| RENTS | 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME | Pennsylvania | , | | (Address) ease Causing Death, ie (1) Means of Inj. Homicidal. | or, in deaths from ury and (2) Whether |
| PAF | OF MOTHER | Rebecca Stec | kman. | 18 LENGTH OF RESI | | als, Institutions, Trans |
| | 13 BIRTHPLACE OF MOTHER (State or Country) | Pennsylvania | , | At place of deathyrsmo | 5ds. In the State | |
| 4 | THE ABOVE IS TRUE TO | THE BEST OF MY KNOWL | EDGE | Where was disease contra- if not at place of death? | Breezwoo | d Pa |
| | (Informant) Memo | orial Hospital, | | Former or usual residence. Br. 19 PLACE OF BURIAL | | DATE OF BURIAL |
| | (Addresa) Cum | perland Md. | | Contreto | Ba | Jan 15 31 |
| 15 | | 031. Harres HL | Versis | 20 UNDERTAKER | , , | ADDRESS |

If more blanks are needed address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. I.

Dr. Hawkins

Registrar

(Approved by U. S. Census and American Public Health Association.)

ployed, as At school, or At home. Care should be taken state occupation at beginning of illness. If retired from definite salary), may be entered as Housewife, Housework, or At Home, and children, not gainfully em-Spinner, business, that fact may be indicated thus; Farmer (reju or given up on account of the DISEASE CAUSING DEATH. gaged in domestic service for wages, as Servant, Cook to report specifically the occupations of persons enhousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the er," etc., without more precise specification as Day laborer, Farm laborer, Laborer—Coal mine, etc. Womworked on may form part of the second statement. Never return "Laborer," "Forcman," "Manager," "Dealshould be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write None. Housemuid, etc. If the occupation has been changed cases, especially in industrial employments, it is neces-Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The ques-Foreman, For many occupations a single word or term on yrs). For persons who have no occupation (b) Cotton mill; (a) Salesman. (b) Grocery; man, (b) Automobile factory. The material

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accept ed term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal spinal meningitis"); Diphtheria (avoid use of "Croup"), Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

American Medical Association.) approved by Committee on Nomenclature (Recommendations on statement of cause of death tetanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. diseases resulting from childbirth or miscarriage "Uraemia," "Weakness," etc., when a definite disease atic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," stated unless important. Example: Measles (disease as fracture of skull, and consequences (e.g., sepsis, Examples: Accidental drowning; Struck by railway traintaken. FOR VIOLENT DEATHS state MEANS OF INJURY tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, men-(secondary or intercurrent) affection need not be Whooping (name origin; "Cancer" is less definite; avoid peritonaeum, etc., Carcinoma, Sarcoma, etc., of Never report mere symptoms or terminal condiinterstitial nephritis, cough; Chronic valvular heart disease; etc. The contributory

(Approved by U. S. Census and American Public Health Association.)

fulness of various pursuits can be known. The quescupation is very important, so that the relative healthstate occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, ployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Housework, or At Home, and children, not gainfully emen at home, who are engaged in the duties of the er," etc., without more process. Coal mine, etc. Wom-laborer, Farm laborer, Laborer—Coal mine, etc. Womworked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the husiness or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Physician, Compositor, Architect, Locomotive engineer, the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of Statement of Occupation-Precise statement of ocbusiness, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH to report specifically the occupations of persons enhousehold only (not paid Housekeepers who receive a whatever, write None. Housemaid, etc. If the occupation has been changed For many occupations a single word or term on yrs). For persons who have no occupation Stationary fireman, etc. But in many

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same adcepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

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| STATE OF | MAIN | LAND |
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| CERTIFICAT | E OF | |
| | | 9 |

| PLACE OF DEATH | STATE OF MARYLAND | |
|--|--|---------|
| - ()() | | |
| County allogang CORPORATE LIMITE | CERTIFICATE OF DEATH | |
| 1. WITHIN | Registration Dist. No. | 000 *** |
| Village or City Trostburg (No. 155 | St.: Ward) (If death occurred a hospital or inst | titu |
| 2FULL NAME Freda Hele | na Murphy stend of street number.) | and |
| PERSONAL AND STATISTICAL PARTICULARS | MEDICAL CERTIFICATE OF DEATH | |
| Female white (Write the word) | 16 DATE OF DEATH (Month) (Day) (Year) | |
| 6 DATE OF BIRTH | 17 I HEREBY CERTIFY, That I attended the deceased for | |
| Det 29 1910 | Nov 29 1980. to Jan 4 , 198 | -/_ |
| (Month) (Day) (Year) | that I last saw her alive on Jan 3 , 192 | 2/ |
| 7 AGE [IfLESS than | and that death occurred on the date stated above, at 10:15 C | m, |
| l day hrs. | | |
| yrs. mos. 5 ds. or min.? | (Allumatic Endocardit | 20 |
| (a) Trade, profession or particular kind of work | | |
| (b) General nature of industry | | |
| business, or establishment in which employed or (employer) | (Duration) vrs. @ mos | ds |
| | Contributory acute Cardiae Deleta | L |
| 9 BIRTHPLACE (State or country) Frost hung md | Secondary (Durgition) yrs mos. | ds |
| 10 NAME OF FATHER FATHER | (Signed) Vom Lane X2 M | . D. |
| Larnes Murphy | Jan & 1984 (Address) Front burg May | 1 |
| UN 11 BIRTHPLACE OF FATHER | *State the Disease Causing Death, or, in deaths from | |
| Z (State or country) Larrett Co | Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal. | • |
| of Mother fois Pearl Warnish | 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trailents or Recent Residents) | ans |
| 13 BIRTHPLACE | At place In the | |
| OF MOTHER (State or country) Sasses Co | of death yrs mos State yrs mos State | ,ds. |
| 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE | Where was disease contracted, if not at place of death? | -7 004 |
| 8 - A711 1D | Former or usual residence | |
| (Informant) Carnes Murphy. | 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL | |
| (Address) Insluand | Relormed Carn - New Germany, Jan 6, 195 | 31 |
| 15 1/2 21 D/MO/MO/100/14 | 20 UN DERTAKER DORESS | . dom |
| Filed 6 1920 M. U! 1 MM/A | O D DI Don Frattura | 24. |

If more blanks are needed, address State Registrar, 16 W Saratoga St., Balto., Requesting V. S. No. 1.

V. S. No. 1

N.

10.

(Approved by U. S. Census and American Public Health Association.)

. Housemaid, etc. If the occupation has been changed "gaged in domestic service for wages, as Servant, Cook, the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of octo report specifically the occupations of persons enwork, or At Home, and children, not gainfully em-Spinner, (b) Cotton mill; (a) Salesman. should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, ployed, as At school, or At home. Care should be taken worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealstate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the household only (not paid Housekeepers who receive a er," etc., (a) Foreman, (b) Automobile factory. The materia whatever, write Nonc. business, that fact may be indicated thus; Farmer (relaborer, For many occupations a single word or term on Farm laborer, Laboreryrs). without more precise specification as Day For persons who have no occupation -Coal mine, etc. Wom-(b) Grocery;

Statement of Cause of Death—Name, first, the Distance Causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospiaul fever (the only definite synonym is "Epidemic cerebros; inal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia");

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PLACE OF DEATH

Village or City Ward) PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH SINGLE. 3 SEX 4 COLOR OR RACE 16 DATE OF DEATH MARRIED, WIDOWED. OR DIVORCED (Write the word) (Month)(Day) CERTIFY, Thatel attended the deceased from 6 DATE OF BIRTH (Day) (Month (Year) 7 AGE IlfLESS than and that death occurred on the date atated I day hrs. mos. min.? 8 OCCUPATION (a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in which employed or (employer) Contributory 9 BIRTHPLACE Secondary (State or country) 10 NAME OF FATHER 11 BIRTHPLACE OF FATHER *State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal. HOIL (State or country) 12 MAIDEN NAME ò Ad OF MOTHER 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transstate CCUP ients or Recent Residents) 13 BIRTHPLACE At place of death _________mos._____ds. In the OF MOTHER (State or Country Where was disease contracted, if not at place of death?..... Every item CIANS sho statement Former or usual residence (Address Filed If more branks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No.

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

(If death occurred in a hospital or institu-tion, give its NAME instead of atreet and number.)

DATE OF BURIA

DDRESS

(Approved by U. S. Census and American Public Health Association.)

er," etc., warner, laborer, laborer, are work, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a Spinner, (b) Cotton mill; (a) Salesman. (b) Grocery. (c) Foreman, (b) Automobile foctory. The material should be used only when necded. As examples: (a) sary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocadditional line is provided for the latter statement; it Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Former or Planter, tired 6 yrs). state occupation at beginning of illness. If retired from en at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Nanager," "Deal-Physician, Compositor, Architect, Locomotive engineer, whatever, write None. business, that fact may be indicated thus; Farmer or given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Scrvant, Cook, report specifically the occupations of persons en-For many occupations a single word or term on especially in industrial employments, it is neceswithout more precise specification as Doy For persons who have no occupation Laborer-Coal mine, etc. Wom-

Statement of Cause of Death—Name, first, the Dissease Causing Drath (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"), Typhoid fever (never report "Typhoid Pneumonia," Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

American Medical Association.) telanus) may be stated under the head of "contributory." corbolic acid-probably suicide. The nature of the injury, "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease causing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. use of "Tumor" for malignant neoplasms); Measles; inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., oi approved by Committee on Nomenclature as fracture of skull, and consequences (e.g., sepsis, occident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. For violent deaths state means of injuny State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptom-Chronic interstitial nephritis, (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, men-(Recommendations on statement of cause of death Examples: Accidental drowning; Struck by railway troin-(secondary Whooping cough; "Atrophy," "Collapse," "Coma," "Convulsions, illity" ("Congenital," "Senile," etc.), "Dropsy, or intercurrent) affection need not be ess important. Example: Measles (disease Chronic valvular heart disease; etc. The contributory

| PLACE | OF | DEATH |
|-------|----|-------|
| | | |

County.

ALLEGENY CORPORATE LIMITS



STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

| | 6 | - | | |
|------|---|---|-------|--|
| St.: | 0 | | Ward) | |

MEDICAL CERTIFICATE OF DEATH

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

buland.

CUMBERLAND, MD (No. MEMORIAL HOSPITAL

2FULL NAME JENNIE NINE

| # | PERSO | NAL AND | STATIST | ICAL P | ARTICU | LARS |
|---|------------------------------------|------------|-----------------|--------|------------|----------------------------------|
| | BEX | | OR RACE | OR D | WED.WI | DOWED |
| F | EMALE | WHI | TE | (Write | the word) | |
| 6 (| DATE OF BIF | HTH | | | | |
| | 1 | AU(| UST 5 | , 185 | 6 (Day) | , 1(Year) |
| 7 4 | (GE | 74 yrs | 4 | mos | 7 de. | If LESS than I day hrs. or min.? |
| 8 OCCUPATION (a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in which employed or (employer) | | | | | | |
| | (State or co | | WEST | VIRG | LNIA | |
| 10 NAME OF RICHARD NUGENT | | | | | | |
| RENTS | OF FATH (State o | | IREI | AND | | |
| PARE | 12 MAIDEN | | SUSAN | FEA | THER | |
| | 13 BIRTHPI OF MOTI (State or | | WEST | VIRG | INIA | |
| 14 | THE ABOVE | IS TRUE TO | THE BEST | OFMY | KNOWLE | DGE |
| | (Informant | / | ORIAL UMBERI | | | |

| 16 DATE OF DEATH |
|---|
| JANUARY, 12, 1931. |
| (Month) (Day) (Year) |
| I HEREBY CERTIFY, That I attended the deceased from |
| 1930 10 Saut 1 , 195 |
| that I last saw her alive on Jan 11, 198 |
| // |
| and that death occurred on the date stated above, at 1:50 h |
| |
| areure Cour |
| |
| Foretand hip |
| Slipped on step sin her home, and fell cever d |
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| Contributory Toullared Tuff |
| (Duration) yrs. race d |
| VV / TARRES |
| |
| Jan 12 1931 (Address) Cleanterland Has |
| *State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal. |
| 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Tran- ients or Recent Residents) |
| At place of deathyrsmos. 15_ds, In the Stateyrsmos. 15_d |
| Where was disease contracted, Bayord, W. Va. |
| Former or BAYARD, W. VA. |
| 19 PLACE OF BURIAL OR REMOVAL. |
| Bayand West Virgo Jan 14193 |
| 20 NDERTAKER ADDRESS |

DR.GHACIE

If more bianks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. 3. No. 1.

Registrar

(Approved by U. S. Census and American Public Health Association.)

to report specifically the occupations of persons enwork, or At Home, and children, not gainfully emhousehold only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *House* tired 6 yrs). For persons who have no occupation business, that fact may be indicated thus; Farmer Arestate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook ployed, as At school, or At home. Care should be taken laborer, Form laborer, Laborer—Coal mine, etc. Wom-Spinner, (b) Cotton mill; (a) Salesman, (b) should be used only when needed. As examples: (a) additional line is provided for the latter statement; if sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necesthe first line will be sufficient, e. g., Farmer or Planter, whatever, write None. Housemaid, etc. If the occupation has been changed Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. Civil engineer, Stationary fireman, etc. But in many tion applies to each and every person, irrespective of fulness of various pursuits can be known. cupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocnature of the business or industry, and therefore an Physician, Compositor, Foreman, For many occupations a (b) Automobile factory. The material Architect, single word or term on Locomotive engineer, The ques-Grocery,

Statement of Cause of Death—Name, first, the Dis-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobor pneumonia, Bronchopneumonia ("Pneumonia,"

> telanus) may be stated under the head of "contributory." (Recommendations on statement of cause of death American Medical Association.) approved by Committee on as fracture of skull, and consequences (e. g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by roilwoy trainor as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL, OF HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJURY State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. diseases can be ascertained as the cause. Always qualify all "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy," ("Exhaustion," "Heart failure," "Haemorrhage," atic), "Atrophy," "Collapse," "Coma," "Convulsions, tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection need not be stated unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); Measles; inges, peritonaeum, etc., Corcinoma, Sarcoma, etc., oi Chronic interstitial nephritis, Whooping (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, men-Never report mere symptoms or terminal condiresulting from childbirth or miscarriage as cough; Chronic etc. valvular heart Nomenclature The contributory

| PLACE OF DEATH | |
|-----------------|-----------------|
| County ALLEGANY | CORPORATE LIMIT |
| | |

STATE OF MARYLAND CERTIFICATE OF DEAT,H

Registration Dist. No.

| 2FULL NAME MARTIN THOMAS | O'ROURKE St.: Ward) O'ROURKE (If death occurred in a hospital or institution, give its NAME instead of street and number.) |
|---|--|
| PERSONAL AND STATISTICAL PARTICULARS | MEDICAL CERTIFICATE OF DEATH |
| MALE WHITE SINGLE, MARRIED, WIDOWED. OR DIVORCED (Write the word) | 16 DATE OF DEATH |
| SEPTEMBER 29 , 1871 (Month) (Day) (Year) | 17 I HEREBY CERTIFY, That I attended the deceased from Dec. 5. 1930. to John J., 1936, that I last saw h. 1934, |
| 59 yrs. 3 mos. 3 ds. or min 6 OCCUPATION (a) Trade, profession or particular kind of work COAL MINE | Anthra cosis Bronchial |
| (b) General nature of industry business, or establishment in which employed or (employer) MINING BIRTHPLACE BORN NEAR MIDLAND, MD ALLEGANY CO. 10 NAME OF ("O" SOMETIMES OMNITTED) FATHER HUGH JOSEPH O'ROURKE 11 BIRTHPLACE CAIRNERN (NEAR GOREY) OF FATHER (State or country) CO. WEXFORD, IRELAND 12 MAIDEN NAME OF MOTHER OF MOTHER (State or Country) CO. WICKLOW, IRELAND | (Signed) (Duration) 12 yrs 0 mos 0 ds. (Signed) (Duration) 0 yrs 0 mos 0 ds. (Signed) M. D. *State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal. 13 LINGTH OF RESIDENCE (For Hospitals, Institutions, Tr. naitents or Recent Residents) At place of death yrs mos ds. |
| (Informant) Hugh Martin ORourko (Address) WESTERNPORT MD. 15 Filed 3 193 Registral | Where was disease contracted, it not at place of dea h? Former or usual residence 19 PLACE OF BURIAL OR REMOVAL 25 UN DERTREER DATE OF BURIAL DATE OF BUR |

If more b.anks are needed, address : tate Negistrar, 13 W. Saratoga St., Bulto., Nequesting V. S. No. 1.

No. 1 2 WRITE

(Approved by U. S. Census and American Fublic Health Association.)

er," etc., without more precise specimeation is laborer, Farm laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the Spinner, (b) Collon mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e.g., Farmer or Planter, Physician, Compositor, Architect, Locomotive engineer, fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocstate occupation at beginning of illness. If retired from additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necestion applies to each and every person, irrespective of whatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Scrvant, Coak, Housemaid, etc. If the occupation has been clanged work, or At Home, and children, not gainfully em-ployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Houseworked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Physician, Compositor, Architect, household only (not paid Housekecpers who receive a report specifically the occupations of persons en-Foreman, For many occupations a single word or term on yrs). For persons who have no occupation

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinul fever (the only definite synonym is "Epidemia cerebrospinul final meningitis"); Diphtheria (avoid use of "Croup"); s. inal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia");

approved by Committee on Nomenclature tclanus) may be stated under the head of "contributory." st_ted unless important. use of "Tumor" for malignant neoplasms); Measles; (name origin; "Cancer" is less definite; avoid inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of American Medical Association.) or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, "PUERPERAL seplicaemia," "PUERPERAL perilonilis," elc. can be ascertained as the cause. Always qualify all " Uraemia, "Debility" ("Congenital," "Senile," etc.), "Drcpsy," ("E:haustion," "Heart failure," "Haemorrhage," "Shock," tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), Whooping cough; unqualified, is indefinite); Tuberculosis of lungs, men-(Recommendations on statement of cause of death as fracture of skull, and consequences (e. g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway train-State cause for which surgical operation was underdiseases (secondar) or intercurrent) affection need Chronic interstitial nephritis, "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS state MEANS OF INJULY resulting from childbirth or miscarriage as " "Weakness," etc., when a definite disease Chronic Example: Measles (disease etc. The contributory valvular heart disease; not be

If this certificate is looked over thoroughly and a'l questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

Filed

PHYSI-

| | | 00056 |
|------|--|---|
| | PLACE OF DEATH | STATE OF MARYLAND |
| | VUCant VIllegange | CERTIFICATE OF DEATH |
| 1 | City Limits . | Registration Dist. No. |
| | Village or City Auregus under | St. Ward (If death occurred in |
| TEST | 2 FULL NAMER NELLA GUARA Pe | lecuring a hospital or institu- tion, give its NAME in- stead of street and number.) |
| 5 | PERSONAL AND STATISTICAL PARTICULARS | MEDICAL CERTIFICATE OF DEATH |
| ace. | Home White Single. MARRIED WIDOWED. OR DIVERSED (Write the world) | 16 DATE OF DEATH 26 , 198/ |
| 2 | 6 DATE OF BIRTH | (Month) (Day) (Year) 17 I HEREBY CERTIFY, That I attended the deceased from |
| 0 | Juny 5 1914 | 1 and 5 193/. to Jeunalo, 1923/. |
| | (Moyth) (Day) (Year) | that I last saw h la alive on |
| 3 | 7 AGE | and that death occurred on the date stated above, at 12 40 m. |
| | 16 yrs. 8 mos. 21 ds. or min.? | The CAUSE OF DEATH * was as follows: |
| | B OCCUPATION (a) Trade, profession or | |
| ; | particular kind of work (b) General nature of industry | |
| 1 | business, or establishment in which employed or (employer) | (Duration) yrs mos de |
| 2 | 9 BIRTHPLACE | Contributory Profile Brain Terms |
| | (State or country) | Secondary (Duration) yra mos de |
| | FATHERS 1 P. F. | (Signed) + alan Sleven M.D. |
| | (1) BIRTHPLACE | Jan 210. 1981 (Address) Carrel to flus |
| | OF FATHER (State or country) 12 MAIJEN NAME OF FATHER (State or country) | *State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether |
| | C 12 MAINEN NAME BOOM OF MOTHER | Accidental, Suicidal or Homicidal. |
| | a 13 BIRTHPLACE | 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents) |
| | OF MOTHER (State or Country) | At place In the of deathyrsmosds. |
| | 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE | Where was disease contracted, if not at place of death? |
| 1 | (Informant) Ser D. Petershing | Former or usual residence |
| 1 | (Address) Connamille my | 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL |

Registrar

If more bianks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

should be used only when needed. As examples: (a) the first line will be sufficient, e. g., Farmer or Planter, Physician, Compositor, Architect, Locomotive engineer, state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Housemuid, etc. If the occupation has been charged definite salary), may be entered as Housewife, Housework, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, (b) Cotton mill; (a) Salesman, (b) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, household only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the report specifically the occupations of persons en-Foreman, (b) Automobile factory. The material For many occupations a single word or term on yrs). For persons who have no occupation Farm laborer, Laborer-Coul mine, etc. Womwithout more precise specification as Day Grocery;

Statement of Cause of Death—Name, first, the Dis-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

> (Recommendations on statement of cause of death American Medical Association.) tetanus) may be stated under the head of "contributory." approved by Committee on Nomenclature as fracture of skull, and consequences (e. g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. (secondary or intercurrent) Chronic interstitial nephritis, Whooping cough; use of "Tumor" for malignant neoplasms); Measles; inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, men-"Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS state MEANS OF INJURY Chronic valvular heart disease; Example: Measles (disease affection need not be etc. The contributory

If this certificate is looked over thoroughly and a'l questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

Every item of information should be carefully supplied. ACE should be stated EXACTLY, PHYSI-CIANS should state CAUSE OF DEATH in plain terms so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. CORD NTI MARGIN RESERVED FOR BINDING WITH UNFADING INK-THIS IS A PERMA WRITE PLA

V. S. No. 1

N.B.

| | outside | 2 | |
|--|--|---|--|
| PLACE OF DEATH | | STATE OF | MARYLAND |
| County Ully | and the face | (P) CERTIFICAT | E OF DEATH |
| Village or City That | they (No. 227) the | Registratio St.: Wa | rd) (If death occurred in a hospital or institution, give its NAME instead of street and |
| ² FULL NAME | Conrod | Taff | number.) |
| PERSONAL AND ST | ATISTICAL PARTICULARS | MEDICAL CERTIFICATE | OF DEATH |
| Male This | RACE SINGLE, MARRIED, WIDOWED, OR DIVORCED Clause (Write the word) | 16 DATE OF DEATH (Month) 17 I HEREBY CERTIFY, That L | |
| J. | Che // , 1850 (Month) (Day) (Year) | that I ight raw h solive on | 2, 1993/ |
| 7 AGE So yrs. | If LESS than I day hrs. or min.? | and that death occurred on the date state. The CAUSE OF DEATH * was as follows: | ed above, at 230 Arm, |
| 8 OCCUPATION (a) Trade, profession or particular kind of work | Petered Col Mine | | |
| (b) General nature of indust business, or establishment in which employed or (employer | O 1 Mi | (Duration) | 8 yrs mos ds. |
| 9 BIRTHPLACE (State or country) | m1 | Contributory Secondary | |
| 10 NAME OF FATHER | am Pfaff | (Signed) | M, D. |
| OF FATHER Z (State or country) | Germany | *State the Disease Causing Deat Violent Causes, atate (1) Means of Accidental, Suicidal or Homicidal. | h, or, in deaths from Injury and (2) Whether |
| OF MOTHER | ed and Billner | 18 LENGTH OF RESIDENCE (For Hos | |
| 13 BIRTHPLACE OF MOTHER (State or Country) | Germany | At place In to deathyrsmosds. | he tateds. |
| 14 THE ABOVE IS TRUE TO TH | E BEST OF MY KNOWLEDGE | Where was disease contracted, if not at place of death? | |
| (Informant) Lill | est Plass | Former or usual residence | |
| (Address) Fr | reflecting ! | 19 PLACE OF BURIAL OR REMOVAL | DATE OF BURIAL |
| 15 Filed /19 3 | MOMOZUMA Registrar | 20 UNDERTAKER LINES | Jacobang These bang |
| If more bian | ks are needed, address State Registrar | 16 W. Saratoga St., Balto., Requesting V | . S. No. 1. |

(Approved by U. S. Census and American Public Health Association.)

to report ployed, as At school, or At home. Care should be taken work, or At Home, and children, not gainfully emfulness of various pursuits can be known. The quescupation is very important, so that the relative healthgaged in domestic service for wages, as Scrvant, Cook, Housenuid, etc. If the occupation has been changed definite salary), may be entered as Housewife, House-Spinner, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necesthe first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of Statement of Occupation-Precise statement of ocbusiness, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from household only (not paid Housekeepers who receive a er," etc., without more precise specification as Day laborer, Farm laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Civil engineer, Physician, Compositor, Architect, Locomotive engineer, whatever, write None. or given up on account of the DISEASE CAUSING DEATH, Foreman, (b) For many occupations a single word or term on (b) Cotton mill; (a) Salesman, (b) Grocery; man, (b) Automobile factory. The material specifically the occupations of persons en-For persons who have no occupation Stationary fireman, etc. But in many

Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

> diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. stated unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); Measles; accident; Revolver wound of head-homicide; Poisoned by State cause for which surgical operation was under-"Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Shock," "Old Age," "Shock," tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), approved by Committee on Nomenclature of the as fracture of skull, and consequences (e.g., sepsis carbolic acid-probably suicide. The nature of the injury, or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. For violent deaths state means of injury can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease (secondary Whooping cough; (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) (Recommendations on statement of cause of death tetanus) may be stated under the head of "contributory." Examples: Accidental drowning; Struck by railway train-"Atrophy," "Collapse," "Coma," "Convulsions, peritonaeum, etc., Carcinoma, Sarcoma, etc., of Never report mere symptoms or terminal condiinterstitial nephritis, or intercurrent) affection need Chronic etc. The contributory valvular heart disease; not be

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(Addresa)

15 Filed

N. B.

| PLACE OF DEATH County Ollegany | STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 12 |
|---|---|
| Village or City hidland (No | St.: Ward) Ohillips (If death occurred in a hospital or institution, give its NAME instead of street and number.) |
| PERSONAL AND STATISTICAL PARTICULARS | MEDICAL CERTIFICATE OF DEATH |
| Jensel 4 COLOR OR RACE SINGLE, MARRIED, MARRIED, WIDOWED, OR DIVORCED (Write the word) | 16 DATE OF DEATH |
| Sole 6 th 1861 (Month) (Day) (Year) | I HEREBY, CERTIFY, That I attended the deceased from 1931 to an 1931, that I last saw h Me alive on Jaw. 1944, 1931, |
| 7 AGE 69 yrs. / mos. /3 ds. If LESS than 1 day hrs. or min.? | and that death occurred on the date stated above, at 12:35 19 m. The CAUSE OF DEATH * was as follows: Acult Alimitio 4 acult |
| (a) Trade, profession or particular kind of work (b) General nature of industry pusiness, or establishment in which employed or (employer) 9 BIRTHPLACE | (Duration) yrs. mos 6 ds. Contributory acute meningelis |
| (State or country) 10 NAME OF FATHER 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME | (Signed) M. D. M. D. *State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal. |
| 12 MAIDEN NAME OF MOTHER 13 BIRTHPLACE OF MOTHER (State or Country) 14 HE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE | 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents) At place of death yrs mos ds. State yrs mos ds. Where was disease contracted, if not at place of death? Former or |
| (Informant) Rown Willis | 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL |

Registrar If more bianks are needed, address State Registrar, 16 W. Saratoga Stl, Balto., Requesting V. S. No. 1.

20 UNDERTAKER

ADDRESS

(Approved by U. S. Census and American Public Health Association.)

fulness of various pursuits can be known. The quesstate occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed work, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken er," etc., without more process of mine, etc. Wom-laborer, Farm laborer, Laborer—Coal mine, etc. Wom-Spinner, (b) Cotton mill; (a) Salesman, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of cupation is very important, so that the relative health-Statement of Occupation-Precise statement of octired 6 yrs). or given up on account of the DISEASE CAUSING DEATH definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealwhatever, write None. business, that fact may be indicated thus; Farmer (reto report specifically the occupations of persons enhousehold only (not paid Housekeepers who receive a Foreman, For many occupations a single word or term on especially in industrial employments, it is neceswithout more precise specification as Day For persons who have no occupation (b) Automobile factory. The material (b) Grocery;

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

Capproved by Committee on Nomenclature of the (secondary or intercurrent) affection need not be stated unless important. Example: Measles (disease inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "(Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy," ("Exhaustion," "Heart failure," "Haemorrhage," 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptom-Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis, etc. The contributory use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) (Recommendations on statement of cause of telanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. For VIOLENT DEATHS state MEANS OF INJURY State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all causing death), 29 ds.; Bronchopncumonia (secondary), Examples: Accidental drowning; Struck by railway train "Atrophy," "Collapse," "Coma," "Convulsions,

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

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V. S. No. 1

| 1,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | 116053 |
|---|---|
| PLACE OF DEATH | STATE OF MARYLAND |
| Countyallegang | CERTIFICATE OF DEATH |
| ITHIN CORPORATE LIMITS | Registration Dist. No. |
| Village or City Dumber Land (No. 284 1 | Pool (If death occurred a hospital or institution, give its NAME stead of street number.) |
| PERSONAL AND STATISTICAL PARTICULARS | MEDICAL CERTIFICATE OF DEATH |
| 3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOMED, OR DIVORCED OWNS the word of | 16 DATE OF DEATH (, 1920) |
| Month (Day) (Year) | (Month) (Day) (Year). I HEREBY CERTIFY, That attended the deceased from 192 to 192 that I last saw h Valive on 192 |
| yrs. \tag{blue} mos. \tag{ds.} lf LESS the l dayhr ormin | rs. The CANSE OF DEATH * was as follows: |
| 8 OCCUPATION (a) Trade, profession or particular kind of work | hent dience |
| (b) General nature of industry business, or establishment in which employed or (employer) | (Duration)yrsmos |
| 9 BIRTHPLACE (State or country) | Contributory Secondary |
| 10 NAME OF FATHER WILL & Poole | (Signed) WEB OWERS M. |
| OF FATHER (State or country) 12 MAIDEN NAME | *State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal. |
| of MOTHER annie Roby 13 BIRTHPLACE | 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Tra ients or Recent Residents) At place In the |
| (State or Country) West Da | of deathyrsmosds. Stateyrsmos |
| (Informant) M. U.T. Poole | if not at place of death? |
| (Address) 234 bldtown Rds | Rose Hill benntey from 2. 19) |
| 15 Filedon 9, 198) . Hue Hueiss Registrar | 20 UNDERTAKER ADDRESS |
| If more bianks are needed, address State Registy | ar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1. |

(Approved by U. S. Census and American Public Health Association.)

fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of oction applies to each and every person, irrespective of er," etc., without more process. Coal mine, etc. Wom-laborer, Farm laborer, Laborer—Coal mine, etc. Womworked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Physician, Compositor, Architect, the first line will be sufficient, e. g., Farmer or Planter, tired 6 yrs). For persons who have no occupation gaged in domestic service for wages, as Servant, Cook ployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewije, Houseen at home, who are engaged in the duties of the whatever, write None. business, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons enwork, or household only (not paid Housekeepers who receive a Foreman, For many occupations a single word or term on At Home, and children, not gainfully emwithout more precise specification as Day Stationary fireman, etc. But in many Locomotive engineer,

Statement of Cause of Death—Name, first, the DIS, EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid "Uraemia," "Weakness," etc., when a definite disease "Exhaustion," "Heart range," "Old Age," "Shock," "Inanition," "Marasmus," "Old Age," "Shock, stated unless important. unqualified, is indefinite); Tuberculosis of lungs, menapproved by Committee on Nomenclature of the telanus) may be stated under the head of "contributory." diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "Debility" ("Congenital," tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondary Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis, etc. The contributory Whoopinguse of "Tumor" for malignant neoplasms); as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJURY State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all (Recommendations on statement of cause of death Examples: Accidental drowning; Struck by railway train American Medical Association.) "Atrophy," "Collapse," "Coma," "Convulsions," illity" ("Congenital," "Senile," etc.), "Dropsy," haustion," "Heart failure," "Haemorrhage," Never report mere symptoms or terminal condior intercurrent) affection need not be ass important. Example: Measles (disease Measles;

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

Z

| PLACE OF DEATH | STATE OF MARYLAND |
|--|--|
| County (Conformate Limits) | CERTIFICATE OF DEATH |
| 1 fe de la | Registration Dist, No. |
| Village or City Nothing (No. /8 | St.: Ward) (If death occurred in a hospital or institution, give its NAME in- |
| 2FULL NAME | ressman stead of street and number.) |
| PERSONAL AND STATISTICAL PARTICULARS | MEDICAL CERTIFICATE OF DEATH |
| 3 SEX 4 COLOR OR RACE 5 SINGLE. MARRIED. WIDOWED. OR DIVORCED (Write the (word)) | 16 DATE OF DEATH / 28 , 199 / (Month) (Day) (Year) |
| 6 DATE OF BIRTH | 17 HEREBY CERTIFY, That I attended the deceased from |
| 10 23 1895 | Jet 10 1920 to Jan 28, 1921. |
| (Month) (Day) (Year) | that I last saw h m alive on Am 2 , 192 |
| 7 AGE If LESS than | and that death occurred on the date stated above, atm. |
| 35 yrs. 3 mos. 5 ds. or min.? | The CAUSE OF DEATH * was as follows: |
| 8 OCCUPATION | Enda Canditi |
| (a) Trade, profession or Loterk | <i>for 1000 - 200 may</i> |
| (b) General nature of industry | 6 |
| business, or establishment in which employed or (employer) | (Duration) yrs. mos. ds. |
| 9 BIRTHPLACE (State or country) | Secondary Secondary Durstion Secondary S |
| 10 NAME OF Henry Pressman | (Signed)/ Dr WOliver Madone S. M. D. |
| 11 BIRTHPLACE OF FATHER | 192/ (Address) The swarp In a |
| Z (State or country) | *State the Disease Causing Death, or, in deaths from Violent Causes, state (I) Means of Injury and (2) Whether Accidental, Sulcidal or Homicidal. |
| of MOTHER Mary & Farrell | 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents) |
| 13 BIRTHPLACE OF MOTHER | At place of deathyrsmosds, Stateyrsmosds. |
| (State or country) | Where was disease contracted, if not at place of death? |
| 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE | Former or |
| (Informant) HMy Vessman | usual residence |
| (Address) Fresiburg My | 19 PLACE OF BURIAL OR REMOVAL Am31, 1931 |
| Filed 30 1820 DM Cluve May & | 20 UNDERTAKER ADDRESS ING |
| Registrar | A NOW |

(Approved by U. S. Census and American Public Health Association.)

sary to know (a) the kind of work and also (b) the tion applies to cach and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocshould be used only when needed. As examples: (a) additional line is provided for the latter statement; it cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material nature of the business or industry, and therefore an Physician, Compositor, Architect, the first line will be sufficient, e. g., Farmer or Planter, whatever, write None. tired 6 business, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons enwork, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the For many occupations a single word or term on yrs). For persons who have no occupation Farm laborer, Laborer-Coal minc, etc. Womwithout more precise specification as Day Locomotive engineer,

Statement of Cause of Death—Name, first, the DISERASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal referer (the only definite synonym is "Epidemic cerebrosi inal meningitis"); Dinktheria (avoid use of "Croup"); Sinal meningitis"); Dinktheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia")

BUREAW

inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid tions, such as "Asthenia," "Anaemia" (merely symptomstated unless important use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, men-"PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. diseases resulting from childbirth or miscarriage as "Uraemia," "Weakness," etc., when a definite disease "Inanition," "Marasmus," "Old Age," "Shock, "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, atic), "Atrophy," "Collapse," "Coma," "Convulsions, causing death), 29 ds.; L. Chronic interstitial nephritis, Whooping accident; Revolver wound of head-homicide; Poisoned by can be ascertained as the cause. Always qualify all (secondary or intercurrent) American Medical Association. approved by Committee on Nomenclature tetanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e. g., sepsis, carbolic acid-probably swicide. The nature of the injury, Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL, OF HOMICIDAL, taken. For VIOLENT DEATHS state MEANS OF INJURY State cause for which surgical operation was under-(Recommendations on statement of cause of death Never report mere symptoms or terminal condicough; Chronic Example: Measles (disease chopneumonia (secondary), affection need etc. The contributory valvular heart disease; not be of the

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Every it statem

S. No. 1

See Instructions on back of certificate

| | County Allegeny | |
|-----------------|---|----|
| VI | HIN CORPORATE LIMITS | |
| Vi | age or CityCumberland Md (No. 501 Fred | 6 |
| | 2FULL NAME Gennie Raflo | _ |
| | PERSONAL AND STATISTICAL PARTICULARS | |
| 3 : | FEMALE WHITE SINGLE, MARRIED, OR OUVORCED (Write the word) | 1 |
| 8 | Aug. 4-1845 , 1 | |
| | (Month) (Day) (Year) | t |
| 7 / | | 3 |
| 3() 3() E | CCUPATION) Trade, profession or irticular kind of work) General nature of industry isiness, or establishment in hich employed or (employer) | |
| 9 1 | (State or country) Russia | |
| | 10 NAME OF FATHER GRADIC Werble | (|
| RENTS | OF FATHER (State or country) | 7 |
| PAR | 12 MAIDEN NAME OF MOTHER BESSIE | 1 |
| | OF MOTHER (State or Country) | 40 |
| 4 | HE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE | il |
| | | 1 |
| | (Address) Cumberland | |
| 15 | Filed an . 28,19231.) Harry H. Wess | 2 |
| | | - |

PLACE OF DEATH

rick.

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

| erick. St. St.: 4 | Ward) (If death occurred In a hospital or institu- tion, give its NAME in- stead of street and number.) |
|---|---|
| MEDICAL CERTIFIC | ATE OF DEATH |
| 16 DATE OF DEATH | 1931 , 192 |
| (Month |)(Year)(Year) |
| | I attended the deceased from, 192,, |
| that I last saw halive on | 50/4 |
| and that death occurred on the date The CAUSE OF DEATH * was as follo Drawin Hert | stated above, at |
| Andrew d | H |
| Contributory Secondary (Signed) | More mos de. |
| *State the Disease Causing Violent Causes, state (1) Means Accidental, Suicidal or Homicidal. | |
| 18 LENGTH OF RESIDENCE (For ients or Recent Residents) | Hospitals, Institutions, Trans- |
| At place of deathyrsmosds. | In the State |
| Where was disease contracted, if not at place of dea.h? | 0000000 1 North 2000 000 000 000 000 000 000 000 000 0 |
| Former or usual residence | |
| 19 PLACE OF BURIAL OR REMOVAL Philadelphia. Pa | Jan 28th 183 |
| 20 UNDERTAKER | ADDRESS |

(Approved by U. S. Census and American Public Health Association.)

fulness of various pursuits can be known. The quescupation is very important, so that the relative healther," etc., without more precise specimeanous as ony laborer, Farm laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. Physician, Compositor, Architect, Locomotive engineer, the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of Statement of Occupation-Precise statement of ocstate occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, House-Never return "Laborer," "Foreman," "Manager," "Dealwhatever, write None. or given up on account of the DISEASE CAUSING DEATH, to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a worked on may form part of the second statement. business, that fact may be indicated thus; Farmer (re-For many occupations a single word or term on yrs). For persons who have no occupation But in many

Statement of Cause of Death—Name, first, the Disease Causing Death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia,"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of relanus) may be stated under the head of "contributory." "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, "Inanition," "Marasmus," "Old Age," "Shock, tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. (secondary or intercurrent) Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, mencarbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. FOR VIOLENT DEATHS State MEANS OF INJURY State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease Whooping cough; as fracture of skull, and consequences (e. g., sepsis, approved by Committee on Recommendations on statement of cause of death Examples: Accidental drowning; Struck by railway train— American Medical Association.) "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi (name origin; "Cancer" is less definite; avoid Chronic Example: Meastes (disease etc. The affection need valvular heart disease; Nomenclature of the contributory not be

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Str:ement of Cause of Death—Name, first, the bis-EA.: CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted (arm for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

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N. B.--Every Item of Information should be carefully supplied. ACE should be stated EXACTLY, PHYSI.
CIANS should state CAUSE OF DEATH in plain terms so that it may be properly classifled. Exact CORD ENT MARGIN RESERVED FOR BINDING WITH UNFADING INK-THIS IS A PERM WRITE PL V. S. No. 1

| | 1 | | 460063 | |
|-------------|------|---|---|--|
| | | PLACE OF DEATH | 20°1= m | STATE OF MARYLAND |
| | | County Illegany | (207) | CERTIFICATE OF DEATH |
| W | Th | HIN CORPORATE LIMITS . () | | Registration Dist. No. |
| | | illage or City umberlan (No. nears) | tighlan | St.: 3 Ward) (If death occurred in a hospital or Institu- |
| certificate | _ | 2FULL NAME J. Philip 1 | Riedel | tion, give its NAME in- stead of street and number.) |
| Cer | | PERSONAL AND STATISTICAL PARTICULARS | MEDIC | CAL CERTIFICATE OF DEATH |
| K of | 3 | SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED. | 16 DATE OF DEATH | 16 100 |
| back | | Mall While OR DIVORCED (Write the word) | · | (Month) (Day) (Year) |
| no | 6 | DATE OF BIRTH | 17 I HEREB | Y CERTIFY, That I attended the deceased from |
| | | May 3, 1866 | *************************************** | , 192, 192, |
| ctions | _ | (Month) (Day) (Year) | that I last saw h | |
| truc | 7 | AGE If LESS than I day | and that death occu | rred on the date stated above, at 6.4.5.1.m. TH * was as follows: |
| Ins | 1 | win.? | () 4 | 7 |
| 200 | | occupation (a) Trade, profession or particular kind of work | - XIM | to by railroad |
| 1: | | (b) General nature of industry | P 0 00 | · 1 + 1 & AR |
| rta | | business, or establishment in which employed or (employer) | Grobably oc | edenta Durstion) vre |
| odul | 9 | BIRTHPLACE (State or country) Hermany | Contributory Secondary | (Duration) yes ross Liga. |
| Very | | 10 NAME OF FATHER UNknown | (Signed) Huw | 4 H. Wess, 20 P. inte |
| 9 | S | 11 BIRTHPLACE | Jan. 1 192 | ((Address) |
| 0 | ZENT | OF FATHER (State or country) 12 MAIDEN NAME | *State the I Violent Causea, s Accidental, Suicidal | Disease Causing Death, or, in deaths from tate (1) Means of Injury and (2) Whether or Homicidal. |
| 4 | PAF | OF MOTHER Unknown | | SIDENCE (For Hospitals, Institutions, Trans- |
| | 1 | 13 BIRTHPLACE OF MOTHER | At place of deathyrsyrs | In the |
| | 14 | (State or Country) THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE | Where was disease con if not at place of dea | tracted unberland md. |
| o lue | 14 | (Informant) Lortie Riedel | Former or usual residence | Highland St Cumberlas |
| atemo | | (Address) berland Md | 19 PLACE OF BURIA | LORREMOVAL DATE OF BURIAL |
| מ | 15 | Filed av. / 192) · Marry O, Value | 20 UNDERTAKER | ADDRESS Des here |
| | - | Registrar | Donne, | Jun on moesay |
| | | If more branks are needed, address State Registrar | , 16 W. Saratoga St., | Balto., Requesting V. S. No. 1. |

(Approved by U. S. Census and American Public Health Association.)

tired 6 yrs). For persons who have no occupation state occupation at beginning of illness. If retired from er," etc., Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Forcman, (b) Automobile factory. The material should be used only when needed. As examples: (a) nature of the business or industry, and therefore an additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write Nonc. business, that fact may be indicated thus; Farmer teor given up on account of the DISEASE CAUSING DEATH, Housemuid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the Never return "Laborer," "Foreman," "Manager," "Deal-Physician, Compositor, Architect, household only (not paid Housekeepers who receive a worked on may form part of the second statement. For many occupations a single word or term on especially in industrial employments, it is neces-Farm laborer, Laborer-Coal mine, ctc. Womwithout more precise specification as Day Locomotive engineer,

Statement of Cause of Death—Name, first, the DESEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrosphul fever (the only definite synonym is "Epidemic cerebrosphul for (the only definite synonym is "Epidemic cerebrosphul fever (never report "Typhoid Pneumonia"); Diphtheria (avoid use of "Crup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

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V

Every item of information should be carefully supplied. ACE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. ENT BINDING WITH UNFADING INK-THIS IS A PERM MARGIN RESERVED FOR - WRITE PL

V. S. No. 1

N. B.-

| PLACE OF DEATH | 00064 STATE OF MARYLAND |
|--|---|
| County Allegany | CERTIFICATE OF DEATH |
| WITHIN CORPORATE LIMITS | Registration Dist. No. |
| Village or Desmilland No. 715 Vm | ymax (b) 81:5- Ward) (If death occurred in a hospital or institution, give its NAME instead of street and |
| 2FULL NAME Jose Colley | number.) |
| PERSONAL AND STATISTICAL PARTICULARS | MEDICAL CERTIFICATE OF DEATH |
| 4 COLOR OR RACE 5 SINGLES MARRIED, WIDSYED, OR ON OR OR OR OR OR OR OR ON OR | 16 DATE OF DEATH Jan 29, 19231 |
| 6 DATE OF BIRTH | (Month) (Day) (Year) 17 I HEREBY CERTIFY That Indeed the deceased from |
| Mec. 28, 1963 (Month) (Day) (Year) | that I last saw h Malive on Day 29, 192 |
| 7 AGE (IfLESS than | 11450 |
| I dayhrs. | and that death occurred on the date stated above, at |
| 6 / yrs | |
| (a) Trade, profession or particular kind of work | Columb Selvosis |
| (b) General nature of industry business, or establishment in | ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~ |
| which employed or (employer) | (Duration) mos de. |
| 9 BIRTHPLACE (State or country) | Contributory Secondary |
| 10 NAME OF | (Duration) yrs moe de. |
| FATHER Janghen Motor | (Spined) M. D. |
| IN 11 BIRTHPLACE OF FATHER | Jun J. 1925 (Address) 3 Ca C |
| C (State or country) 12 MAI DEN MAME 12 MAI DEN MAME | *State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal. |
| of your well street | 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents) |
| 13 BIRTHPLACE OF MOTHER | At place In the |
| (State or Country) | of deathyrsds. Stateyrsds. Where was disease contracted, |
| 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWCEDGE | if not et place of dea.h? |
| (Informant) Sno Cl. taller. | Former or usual residence. |
| (Address) and Maland, Mel. | Heleust cent That 1, 1931 |
| Filed Heb. 1, 1923/. Harvey H. Weiss Registrar | Lomo Stem In Indoness |
| If more blanks are needed address tate Registrar | , 16 W. Saratoga St., Balto., Requesting V. S. No. 1. |

(Approved by U. S. Census and American Public Health Association.)

tired 6 yrs). For persons who have no occupation state occupation at beginning of illness. If retired from Civil engineer, Stationary fireman, etc. But in many fulness of various pursuits can be known. The queswhatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook, ployed, as At school, or At home. Care should be taken work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, Houselaborer, Farm laborer, Laborer—Coat mine, etc. woulden at home, who are engaged in the duties of the Spinner, (b) Cotton mill; (a) Salesman, (b) should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of cupation is very important, so that the relative health-Statement of Occupation-Precise statement of oc-Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons enhousehold only (not paid Housekeepers who receive a worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Physician, Compositor, Architect, ," etc., Foreman, For many occupations a single word or term on especially in industrial employments, it is neces-Farm laborer, Laborer-Coal mine, etc. Womwithout more precise specification as Day (b) Automobile factory. The material Locomotive engineer, Grocery;

Statement of Cause of Death—Name, first, the Dis-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphiheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

> "Debility" ("Congenital," "Senile," etc.), "Dropsy,"
> "Exhaustion," "Heart failure," "Ilaemorrhage,"
> "Inanition," "Marasmus," "Old Age," "Shock,"
> "Uraemia," "Weakness," etc., when a definite disease accident; Revolver wound of head-homicide; Poisoned by stated unless important. Recommendations on statement of cause of death telanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury, Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJURY State cause for which surgical operation was under-"PUERPERAL septieaemia," "PUERPERAL peritonitis," etc. diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis, etc. The contributory use of "Tumor" for malignant neoplasms); Measles; (name origin; "Cancer" is less definite; avoid inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of unqualified, is indefinite); Tuberculosis of lungs, menapproved by Committee on (secondary or intercurrent) affection need not be American Medical Association.) "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-Example: Measles (disease etc. The contributory Nomenclature of the

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

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| CIANS should Eige CAUSE OF DEATH in plain terms so that it may be properly classified. Exact Exact Exact Exact Exact Exact Exact Exact Statement of Occur ATION is very important. See instructions on back of certificate. | |
| 7 | |

| PLACE OF DEATH | 00005 STATE OF MARYLAND |
|---|---|
| Gours allegans | CERTIFICATE OF DEATH |
| Limits | Registration Dist. No. |
| Village or City wheer land (No. 13 7 10. | 3 Ward (If death occurred in |
| 2FULL NAME Clearles | Ryang for institution, give its NAME instead of street and number.) |
| PERSONAL AND STATISTICAL PARTICULARS | MEDICAL CERTIFICATE OF DEATH |
| male white (Write the word) | 16 DATE OF DEATH 22 , 198/ (Month) (Day) (Year) |
| 6 DATE OF BIRTH (Month) (Day) (Year) | I HEREBY CERTIFY, That I attended the deceased from 2 1953 to 2 1959, that I last saw h malive on 2 2 1959, |
| 7 AGE [If LESS than | |
| yrs. / O mos. ds. or min.? | The CAUSE OF DEATH * was as follows: |
| 8 OCCUPATION (a) I rade, profession or particular kind of work (b) General nature of industry | |
| business, or establishment in | (Duration) yts. mos da. |
| which employed or (employer) | Contributory |
| 9 BIRTHPLACE (State or country) Manueland | Secondary (Duration) yrs |
| 10 NAME OF FATHER Charles Ryan | Jan 23 1981 (Address Charberland, Mrs.) |
| Constant of Country Country Country | *State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal. |
| 12 MAIDEN NAME O | |
| of MOTHER Crabbee | 13 LINGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recont Residents) |
| 13 BIRTHPLACE OF MOTHER (State or County) | At place of death |
| 14 THE ABOVE IS TRUE TO THE FEST OF MY KNOWLEDGE | it not at place of dea h? |
| (Informant) Cives Ryone L. | usual res.dence |
| (A Chamberland - /R 710.3 | 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL |
| 15 Filed an. 23, 19231. Harvey H. Weiss | Jour Stein Les Combeland |
| If more blanks are needed, addre.s tate Kegistra | r, 18 W. Saratoga St., Balto., Requesting V. S. No. 1. |

(Approved by U. S. Census and American Fublic Health Association.)

fulness of various pursuits can be known. The quoscupation is very important, so that the relative health-Statement of Occupation-Precise statement of octhe first line will be sufficient, e. g.. Farmer or Planter, tion applies to each and every person, irrespective cf additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationory fireman, etc. But in many Physician, Compositor, Architect, Locomolive engineer, er," etc., without more precise specification as laborer, Farm loborer, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the Spinner, (b) Cotton mill; (a) should be used only when needed. As examples: (o) ployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, Houseworked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, (b) Cotton mill; (a) Salesmon. (b) Grocery; (o) Foreman, (b) Automobile foctory. The material state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Screant, Cook, to report specifically the occupations of persons enwork, tired 6 yrs). or given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed whatever, write None. business, that fact may be indicated thus; Farmer (re-For many occupations a single word or term on Or At Home, and children, not gainfully emwithout more precise specification as Doy For persons who have no occupation

Statement of Cause of Death—Name, first, the DISIAL EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted to term for the same dise.se. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal s. inal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopaeumonia ("Pneumonia,")

inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of st_ted unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); Meusles; (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, mentions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopncumonia (secondary), (secondary or intercurrent) affection need not be Chronic interstitial nephritis, "PUERPERAL septicaemia," "PUERPERAL perilonilis," etc. "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all atic), "Atrophy," "Collapse," "Coma," "Convulsions, Recommendations on statement of cause of telonus) may be stated under the head of "contributory." corbolic acid—probably sucide. accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, taken. For VIOLENT DEATHS state MEANS OF INJULY State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as "E:haustion, "Debility" ("Congenital," American Medical Association.) approved by Committee on Nomenclature of the as fracture of skull, and consequences (e.g., sepsis Examples: Accidental drowning; Struck by railwoy train-Never report mere symptoms or terminal condicough; "Congenital," "Senile," etc.), "Drcpsy,"
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| ed EXACTLY, PHYSI- orly classified. Exact | PLACE OF DEATH County Lle gary Village or City Frostburgno. 125 & 2FULL NAME Prematu | STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. Main St.: Ward (If death occurred in a hospital or institution, give its NAME instead of street and number.) |
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| ated | PERSONAL AND STATISTICAL PARTICULARS | MEDICAL CERTIFICATE OF DEATH |
| HERM SINT Should be steed the may be pre- | 3 SEX 4 COLOR OR RACE MARRIED, MIDOWED, OR DIVORGED (Write the word) 6 DATE OF BIRTH | (Month) (Day) (Year) (Year) (192) (Tomath of the deceased from 192 (192) |
| HIS IS A I III IS A I III II A SO that Instructions | 7 AGE (Month) (Day) (Year) 7 AGE (Reyn attre de la day hrs. or min.? | that I last saw halive on, 192, and that daath occurred on the data stated above, atm. The CAUSE OF DEATH * was as follows: |
| G INKT ofully supplied plant. | 8 OCCUPATION (a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in which employed or (employer) | (Duration) yrs. mos ds. |
| MAKGIN H UNFADIN hould be ca OF DEATH s very impo | 9 BIRTHPLACE (State or country) 10 NAME OF FATHER 11 BIRTHPLACE | Contributory Secondary (Signed) (Signed) (Address) (Address) |
| WIT WIT State CAUSE | OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER OTHER OF MOTHER OF MOTHER OF MOTHER OF MOTHER OF MOTHER OF MOTHER OTHER | *State the Disease Causing Death, or, in death from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Sulcidal or Homicidal. 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents) At place |
| WRITE PLA | OF MOTHER (State or Country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) (Address)/25 L. Main h. Missburg | where was disease contracted, if not at place of death? Former or usual residence. 19 PLACE OF BURIAL OR REMOVAL ATE OF BURIAL AND ATE OF BURI |

If mora bianks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

fulness of various pursuits can be known. The quescupation is very important, so that the relative healthshould be used only when needed. As examples: (a) tion applies to each and every person, irrespective of Statement of Occupation-Precise statement of oc-Spinner, (b) Cotton mill; (a) Salesman. additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stotionary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tired 6 yrs). state occupation at beginning of illness. If retired from ployed, as At school, or At home. Care should be taken work; or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealnature of the business or industry, and therefore an whatever, write None. business, that fact may be indicated thus; Former (reor given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook, to report specifically the occupations of persons en-," etc., Foreman, (b) Automobile foctory. The material especially in industrial employments, it is neces-For many occupations a single word or term on Farm loborer, Laborer-Coal mine, etc. Womwithout more precise specification as Doy For persons who have no occupation (b) Grocery;

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PLACE OF DEATH STATE OF MARYLAND CERTIFICATE OF DEATH Classified. Registration Dist. No. occurred in hospital or institution, give its NAME in stead of street and number.) properly PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH SSINGLE 3 SEX 4 COLOR OR RACE 16 DATE BINDING WIDOW pino may 6 DATE OF BIRTH 17 I HEREBY CERTIFY, That I attended the deceased from that nstruction (Month) (Day) (Year) 7 AGE Ilf LESS than and that death occurred on the date stated above, at I day hrs. The CAUSE OF DEATH * was as follows: RESERVEDmin.? OCCUPATION (a) Trade, profession or particular kind of work (b) General nature of industry ā business, or establishment in 2(Duration) which employed or (employer) impo Contributory MARGIN 9 BIRTHPLACE Secondary (State or country) DO 10 NAME OF 13 L 0 FATHER 20 0) 11 BIRTHPLACE 0) Lul OF FATHER Causing Death, or, in S PARENT *State the Disease Violent Causes, state (1) Means of Injury and Accidental, Suicidal or Homicidal. (State or country) CAU TIO 12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transoccup ients or Recent Residents) 13 BIRTHPLACE At place OF MOTHER (State or Country) of Where was disease contracted of Shoul if not at place of dea.h? Every Item CIANS sho statement usual residence .. REMOVAL DATE OF BURIAL ADDRESS If more blanks are needed, addre.s Ltate Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

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(Approved by U. S. Census and American Public Health Association.)

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| 6 [| DATE OF BIRTH | Apri] | 26 |) , 1 860 (Year) | 17 Sept |
| 7 A | | | | If LESS than I day hrs. or min.? | and that death |
| (i p | occupation a) Trade, profession articular kind of we b) General nature of usiness, or establish thich employed or (e | f industry ment in | | fe, | *************************************** |
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| ************************************** | 10 NAME OF FATHER | | Daniels | | (Signed) |
| RENTS | 11 BIRTHPLACE OF FATHER (State or country | Maryla | and, | | *State ti Violent Caus Accidental, Su |
| PAR | 12 MAIDEN NAME OF MOTHER | Sarah | Marker, | | 18 LENGTH O |
| 1 | OF MOTHER (State or Country | Virgi | inia, | | At place of deathyis Where was diseas |
| 14 | (Informant) | | | | if not at place of Former or usual residence |

Cumberland Md

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

(If death occurred in a hospital or institution, give its NAME innumber.)

MEDICAL CERTIFICATE OF DEATH

| | ****************** | Janu | ary | 5 | | 1923 | 1. |
|------|-------------------------|----------|--------|----------|--------|-------|-----|
| * | 87888 0++ <u>2+2+2+</u> | () | Ionth) | (Da | y) | (Yea | r)_ |
| 17 0 | I HEREBY | CERTIFY, | That A | attended | the da | eased | fro |
| X. | AT 11 | 1.20 | · V | 3 / | 1 | | 3 |

d that death occurred on the date stated above

Contributory Secondary

(Address)

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury Accidental, Suicidal or Homicidal.

LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)

place

here was disease contracted, Alaska W. Va. not at place of death?.

Alaska

OR REMOVAL Greenmount

DATE OF BURIAL

20 UNDERTAKER

DATE OF DEATH

ADDRESS Cumberland. Nd

If more branks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

Registrar

(Approved by U. S. Census and American Public Health Association.)

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ENT MARGIN RESERVED FOR BINDING WITH UNFADING INK--THIS IS A PERM

V.S. No. 1
WRITE PL

| SI- | 1PLACE OF DEATH | 00069 STATE OF MARYLAND |
|---|--|---|
| PH. | County Clegany | CERTIFICATE OF DEATH |
| Υ, fled | h A: | Registration Dist, No. |
| assi 19. | Village or City flutation (No. | St: Ward) (If death occurred in a hospital or institu- |
| EX Ily ci | 2FULL NAME Julia ann S | lider tion, give its NAME in- steed of street and number.) |
| | PERSONAL AND STATISTICAL PARTICULARS | MEDICAL CERTIFICATE OF DEATH |
| be ok | Hemalo A. L., (Write the word) | 16 DATE OF DEATH (S, 193/ (Month) Jan (Day) / 5 (Year) 3/ |
| may n bag | 6 DATE OF BIRTH | 17 HEREBY CERTIFY, That I attended the deceased from |
| 43 900 | Dec. 7, 1859 | 198 d. to 192 0. |
| ipplied. ACE referms so that e instructions | (Month) (Day) (Year) 7 AGE Ilf LESS than | and that death occurred on the date stated above, at 4.50 Am. |
| ed. 18 stru | l day_hrs. | The CAUSE OF DEATH * was as follows: |
| ipplie terms e inst | 8 OCCUPATION | Millan Disinffilmey |
| iy su ain t | (a) Trade, profession or particular kind of work | |
| no a | (b) General nature of industry business, or establishment in which employed or (employer) | (Duration) 5 yrs. mos ds. |
| e caref ATH in mporta | 9 BIRTHPLACE (State or country) | Contributory Secondary |
| F DE | 10 NAME OF | (Signed) The Durstion yrs mos ds. |
| Hou OF | FATHER Jacob . Living | Jan 16 198/ (Address) Thintstone |
| tion s AUSE | OF FATHER (State or country) 12 MAIDEN NAME OF FATHER (State or country) 12 MAIDEN NAME | *State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal. |
| rma te C | of MOTHER Laure Harwood | 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents) |
| E 32 | 13 BIRTHPLACE OF MOTHER | At place In the of death yrs |
| 200 | (State or Country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE | Where was disease contracted, if not at place of dea.h? |
| | (Informant) Marie Hilson | Former or ususl residence |
| CIANS sho | (Address) Flutstane, md. | 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL |
| CIA | 15 1- 17 21 Producto | 20 UNDERTAKER ADDRESS |
| m | Filed Flux / 190/ Segistrar | J. Halfard Veemberland |
| Z | If more bianks are needed, address State Registrar | ,46 W. Saratoga St., Balto., Requesting V. S. No. 1. |

(Approved by U. S. Census and American Public Health Association.)

Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) sary to know (a) the kind of work and also (b) the tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocgaged in domestic service for wages, as Serront, Cook, Housemaid, etc. If the occupation has been changed household only (not paid Housekeepers who receive a definite salary), may be entered as Housewije, Housework, or At Home, and children, not gainfully emlaborer, Farm laborer, Laborer-Coal mine, etc. Women at home, who are engaged in the duties of the er," etc., worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealadditional line is provided for the latter statement; it nature of the business or industry, and therefore an cases, especially in industrial employments, it is neces-Civil engineer, Physician, the first line will be sufficient, e. g., Farmer or Planter, tired 6 yrs). state occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken whatever, write None. business, that fact may be indicated thus; Farmer (re-For many occupations a single word or term on without more precise specification as Day Compositor, For persons who have no occupation Stationary fireman, etc. Architect, Locomotive engineer, But in many

Statement of Cause of Death—Name, first, the DISE EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accept ed term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

> tetanus) may be stated under the head of "contributory." atic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. stated unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); Measles; (name origin; "Cancer" is less definite; avoid inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of approved by Committee on carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) Chronic interstitial nephritis, Whooping cough; unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) (Recommendations on statement of cause of death as fracture of skull, and consequences (e. g., sepsis, Examples: Accidental drowning; Struck by railway train-Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS State MEANS OF INJURY Chronic valvular heart disease; etc. The contributory affection need Nomenclature of the not be

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

| PLACE OF DEATH | STATE OF MARYLAND |
|--|--|
| County Cellicy | CERTIFICATE OF DEATH |
| WITHIN CORPORATE LIMITS | Registration Dist. No. |
| Village or City Cambrilled (No. 108 | St: Ward) (If death occurred a hospital or institution give its NAME) |
| 2FULL NAME John + Sm | tion, give its NAME is stead of street an number.) |
| PERSONAL AND STATISTICAL PARTICULARS | MEDICAL CERTIFICATE OF DEATH |
| Marieb. Male White Single, MARRIED. MIDOWED OR DIVERSES AND OR DIVERSE OR DI | 16 DATE OF DEATH |
| 6 DATE OF BIRTH about | 17 I HEREBY CERTIFY, That I attended the deceased fro |
| Every Date not known | Jan 7 198 f. to from 7 , 192, |
| (Month) (Day) (Year) | that I last saw halive on, 192 |
| 7 AGE | The state of the s |
| alvul 63 yrs. mos. ds. or min. | |
| B OCCUPATION (a) Trade, profession or | |
| particular kind of work Retired | |
| (b) General nature of industry business, or establishment in | |
| which employed or (employer) | (Duration) yrs mos d |
| 9 BIRTHPLACE (State or country) | Contributory Secondary |
| 10 NAME OF | (Duration) yrs mos d |
| FATHER | (Signed) M, I |
| II BIRTHPLACE OF FATHER | 198 (Address) (1984) |
| (State or country) 12 MAIDEN NAME 12 MAIDEN NAME | *State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal. |
| of MOTHER Dot Known | 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Tranients or Recent Residents) |
| 13 BIRTHPLACE OF MOTHER | At place In the |
| (State or Country) Hot Known | of death |
| 4 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE | if not at place of dea.h? |
| (Informant) Mars John J. mitchell | Former or usual residence |
| (Address) / A Paca St Ely | 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL |
| 5 0 0 3111 | 20 UNDERTAKER ADDRESS |
| Filed an 192), tarren Tuliss | No. 1 St. 9 1/10 |

(Approved by U. S. Census and American Public Health Association.)

tired 6 yrs). For persons who have no occupation state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocbusiness, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, work, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Houselaborer, Farm laborer, Laborer Coat mine, even wounder at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many whatever, write None. household only (not paid Housekeepers who receive a to report specifically the occupations of persons en-Foreman, For many occupations a single word or term on especially in industrial employments, it is neces-Farm laborer, Laborer-Coal mine, etc. Womwithout more precise specification as Day

Statement of Cause of Death—Name, first, the Dis-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

> "Enhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," stated unless important. inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid Recommendations on statement of cause of death letanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e. g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. For VIOLENT DEATHS state MEANS OF INJURY State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection need not be stited unless important. Example: Measles (disease Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis, etc. The contributory use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, menapproved by Committee on Nomenclature of the American Medical Association.) "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-

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| | PLACE OF DEATH | G0071 STATE OF MARYLAND |
|-----|---|--|
| | County Allegany. | CERTIFICATE OF DEATH |
| V | THIN CORPOBATE LIMITS (No. There | Registration Dist. No. 4 |
| | 2FULL NAME Grangash Grans | Le Sonner a hospital or institu- tion, give its NAME is- stead of street and number.) |
| | PERSONAL AND STATISTICAL PARTICULARS | MEDICAL CERTIFICATE OF DEATH |
| | Home White Single, MARRIED, WIDOWED, OR DIVORDED (Write the word) | 16 DATE OF DEATH 1/26/3/ , 192 |
| | G DATE OF BIRTH Fut (Month) (Day) (Year) | I HEREBY CERTIFY, That I attended the deceased from |
| | 7 AGE (Month) (Day) (Year) 1 If LESS than I day hrs. | The state of the s |
| 100 | 8 OCCUPATION (a) Trade, profession or particular kind of work | The state of the s |
| 1 | (b) General nature of industry business, or establishment in which employed or (employer) | (Duration) Ties mos de. |
| | 9 BIRTHPLACE (State or country) | Contributory Secondary (Duration) yrs mos 3 ds. |
| | 10 NAME OF FATHER HENRY E. Baker. | (Signed) Alley M. D. M. D. (Address) 4/ Great 8 |
| | OF FATHER (State or country) 12 MAIDEN NAME | *State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal. |
| | OF MOTHER 13 BIRTHPLACE OF MOTHER | 1B LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents) At place |
| | (State or Country) | of death yrs mos ds. State yrs mos ds. |
| 1 | 4 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE | if not at place of death? Thank the complete of former or for the state of the stat |
| | (Informant) I and Strong. | 19 PLACE OF BURIAL OR REMOVAL A DATE OF BURIAL |
| 1 | (Address) Chimberland of Md. | Drummy 6em. Jan. 78, 10.31 |
| | Filed Jan. 27, 1981, Hawey H. Weiss Registrar | Long Stem Ing Combuland |
| | If more blanks are needed, address State Registrar, | , 16 W. Saratoga St., Balto., Requesting V. S. No. 1. |

(Approved by U. S. Census and American Public Health Association.)

er," etc., without more process of the laborer, Farm laborer, Laborer—Coal mine, etc. Womshould be used only when needed. As examples: (a) sary to know (a) the kind of work and also (b) the fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of octired 6 yrs). state occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, House-Spinner, (b) Colton mill; (a) Salesman, additional line is provided for the latter statement; it nature of the business or industry, and therefore an cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. the first line will be sufficient, e. g., Farmer or Planter, Physician, Compositor, Architect, Locomotive engineer, tion applies to each and every person, irrespective of whatever, write None. business, that fact may be indlcated thus; Farmer (reployed, as At school, or At home. Care should be taken en at home, who are engaged in the duties of the Never return "Laborer," "Foreman," "Manager," "Deal-(a) Foreman, (b) Automobile factory. The material to report specifically the occupations of persons enhousehold only (not paid Housekeepers who receive a worked on may form part of the second statement. For many occupations a single word or term on For persons who have no occupation But in many (b) Grocery,

Statement of Cause of Death—Name, first the Disease Causing Death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Ctoup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

D. 500

approved by Committee on Nomenclature of the (Recommendations on statement of cause of death tetanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, "PUERPERAL seplicaemia," "PUERPERAL perilonilis," diseases resulting from childbirth or miscarriage as "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Shock," "Shock," tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. Example: Measles (disease (secondary or intercurrent) use of "Tumor" for malignant neoplasms); Measles; (name origin; "Cancer" is less definite; avoid inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease Chronic interstitial nephritis, Whooping cough; unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS state MEANS OF INJURY Chronic etc. The contributory affection valvular heart disease; need not be

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V

V. S. No. 1

| City E | ge or City | egany umberlar | nd, Md. | Homewood | (UT) | ion | STATE (CERTIFIC | ATE OF tion Dist. N Vard) (If c a ho tion. | leath occurred in spitel or institu give its NAME in of errest and |
|-----------|--|-------------------|--|----------------------------------|-------------------------|-------------|-----------------|---|--|
| | PERSONAL AND STATISTICAL PARTICULARS | | | | MEDICA | L CERTIFICA | TE OF DE | ATH | |
| 3 55 | Male Whi | te | 8 SINGLE, MARRIED, WIDOWED. OR DIVORCED (Write the word) | Marrie | 24 | , | | | 1931/92 (Year) |
| 6 DA | TE OF BIRTH | Apri (Month) | 1 1, | , 1 881 (Year) | 17 | I HEREBY | ERTIFY, That | I attended | the decessed from, 192 |
| 7 AG | | yr•. 9 | mos. <u>18</u> ds. | If LESS than I day hrs. or min.? | The CAUSE | OF DEATH | * was as follow | ws: | hru heart |
| bus wh | ticular kind of wor General nature of siness, or establishmich employed or (en RTHPLACE (State or country) | nent in | | | Contribu Second | utory | |) yrs | mos de |
| | O NAME OF FATHER | Unknown | 1 | | (Signed) Va | | Veiss & CU | ocaRe | gistrar. na Md. |
| ENTS | OF FATHER (State or country) | Unknown | 1 | | | | | | n deaths from nd (2) Whether |
| 0 | OF MOTHER IS BIRTHPLACE OF MOTHER | Unknown | | | ients or At place | OF RESI | dents) | In the | rsmosds |
| 14 TH | | Mrs. Me | of MY KNOWL | tafford | Former or usual residen | OF BURIAL | OR REMOVAL | DA' | TE OF BURIAL |
| 15 F | iledan. 21 | 7, 11 | | Vuss Registrar | J.C. | Wolfor | Cemetery d. | Cumbe | rland, Md |

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from work, or At Home, and children, not gainfully employed, as At school, or At home. Carc should be taken definite salary), may be entered as Housewife, Houseshould be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write None. business, that fact may be indicated thus; Farmer (xc. or given up on account of the DISEASE CAUSING DEATH. Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Scrvant, Cook, to report specifically the occupations of persons enhousehold only (not paid Housekeepers who receive a laborer, Farm wover, who are engaged in the duties of the Spinner, (b) Cotton mill; (a) Salesman. nature of the business or industry, and therefore an Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. (a) Foreman, etc., especially in industrial employments, it is neces-For many occupations a single word or term on yrs). Farm laborer, Laborer-Coal mine, etc. Womwithout more precise specification as Day For persons who have no occupation (b) Automobile factory. The material 6 Grocery,

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebros, inal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,");

approved by Committee on Nomenclature tetanus) may be stated under the head of "contributory." American Medical Association.) as fracture of skull, and consequences (e. g., sepsis, carbolic acid-probably suicide. The nature of the injury, diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease stated unless important. inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., ol (Recommendations on statement of cause of death accident; Revolver wound of head-homicide; Poisoned by can be ascertained as the cause. Always qualify all tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis, etc. The contributory use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, menor as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJURY State cause for which surgical operation was under-(secondary Examples: Accidental drowning; Struck by railway train-"Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condior intercurrent) affection need not be ss important. Example: Measles (disease

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| D | HYSI- Exact |
|--|---|
| WRITE PLAN, WITH UNFADING INKTHIS IS A PERM ENT CORD | N. BEvery item of information should be carefully supplied. ACE should be stated EXACTLY, PHYSI-CIANS should state CAUSE OF DEATH in plain terms so that it may be properly classified. Exact statement of OCOUPATION is very important. See instructions on back of certificate. |
| ENT | be stated be prope ck of cert |
| A PERM | SE should nat it may ons on ba |
| THIS IS | pplied. Ac |
| NG INK- | -Every item of information should be carefully supplied. ACE should be stated EXACT CIANS should state CAUSE OF DEATH in plain terms so that it may be properly class statement of COUPATION is very important. See instructions on back of certificate. |
| UNFADI | ouid be ca 3F DEATH very impo |
| , WITH | CAUSE CATION IS |
| PICS | of inform |
| WRITE | very item CIANS sho |
| | N. B. |

| PLACE OF DEATH | 00073 STATE OF M | MARYLAND |
|---|---|--|
| County allegany | CERTIFICATE | OF DEATH |
| \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ | Registration D | Pist. No. 12 |
| Village or City Milaud (No. | St: Ward) | Of death occurred in |
| Village of City | O1 - 1 | a hospital or institu- tion, give its NAME in- stead of street and |
| 2FULL NAME | Stokesn | number.) |
| PERSONAL AND STATISTICAL PARTICULARS | MEDICAL CERTIFICATE O | F DEATH |
| 3 SEX 4 COLOR OR RACE 5 SINGLE. | 16 DATE OF DEATH Jun. 160 | + 1091 |
| or DIVORCED (Write the word) | | (Day) (Year) |
| 6 DATE OF BIRTH | 17 I HEREBY CERTIFY, That V atte | nded the deceased from |
| Jaw. 16th, 1931 | Jul 16 4 1921 . Jan | . (6 5 , 193] |
| (Month) (Day) (Year) | that last saw hundillon Sau. | 164 , 192 |
| 7 AGE / If LESS than | and that death occurred on the date stated | above, at 4. 45% m. |
| l day hrs. | The CAUSE OF DEATH * was as follows: | |
| yrsds. ormin.? | Part Par | 2 |
| (a) Trade, profession or | Tremation Som | |
| particular kind of work | | ************************************** |
| business, or establishment in | (Duration) | yrsds. |
| Which employed or (employer) | Contributory | , 400.00 x 0 0.00 0.00 0.00 0.00 0.00 0.0 |
| 9 BIRTHPLACE (State or country) Manyland | Secondary | Marie de la company |
| 10 NAME OF | m (Duration) | yıs. mos. ds. |
| FATHER Laurence Staken | (Signed) | und und |
| U 11 BIRTHPLACE OF FATHER | (Address) Million | and deaths from |
| Z (State or country) Wayland | *State the Disease Causing Death, Violent Causes, state (1) Means of Inj Accidental, Suicidal or Homicidal. | ury snd (2) Whether |
| of MOTHER Marguet Duckunth | 18 LENGTH OF RESIDENCE (For Hospit | |
| 13 BIRTHPLACE | ients or Recent Residents) At place In the | |
| OF MOTHER (State or Country) Maryland | of deathyrsds. State | yrsds. |
| 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE | Where was disease contracted, if not at place of death? | |
| (Informant) Mrs Laurence Staheur | Former or usual residence | |
| 00'1160 | 19 PLACE OF BURIAL OR REMOVAL | DATE OF BURIAL |
| (Address) 1500 Electric Cer: Vitalings 62 | | , 19 |
| Filed Jan 16 th 1981 P. 4 Slabsen Registrar | 20 UNDERTAKER | ADDRESS |
| If more bianks are needed, address State Registration | r, 16 W. Saratoga St., Balto., Requesting V. S | No. 1. |

(Approved by U. S. Census and American Public Health Association.)

tired 6 yrs). For persons who have no occupation state occupation at beginning of illness. If retired from Housemaid, etc. If the occupation has been changed work, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken Spinner, (b) Cotton mill; (a) Salesman, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocgaged in domestic service for wages, as Servant, Cook definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the worked on may form part of the second statement. Physician, Compositor, Architect, Locomotive engineer, whatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH to report specifically the occupations of persons enhousehold only (not paid Housekeepers who receive a Never return "Laborer," "Foreman," "Manager," "Dealborer, Farm laborer, Laborer—Coal mine, etc. Wom-Foreman, (b) Automobile factory. The material For many occupations a single word or term on especially in industrial employments, it is neceswithout more precise specification as Day 6 Grocery;

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia,"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

Capproved by Committee on Nomenclature of the American Medical Association.) (secondary or intercurrent) affection need not be stited unless important. Example: Measles (disease inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, "Inanition," "Marasmus," "Old Age," "Shock, causing death), 29 ds.; Bronchopneumonia (secondary), Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, mentetanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. For VIOLENT DEATHS state MEANS OF INJURY State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptom-Whooping (Recommendations on statement of cause of as fracture of skull, and consequences (e.g., sepsis, Examples: Accidental drowning; Struck by railway train-"Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condicough: Chronic valvular heart disease; etc. The contributory

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

RESERVED

MARGIN

(Approved by U. S. Census and American Public Health Association.)

er," etc., without more process and nine, etc. Wom-laborer, Farm laborer, Laborer—Coal nine, etc. Womshould be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the Civil engineer, the first line will be sufficient, e.g., Farmer ar Planter tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwork, or At Hame, and children, not gainfully employed, as At schaal, ar At home. Care should be taken definite salary), may be entered as Hausewife, House, worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, Physician, Campasilor, Architect, Locamotive engineer, state occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook, to report specifically the occupations of persons en l en at home, who are engaged in the duties of the whatever, write None. business, that fact may be indicated thus; Farmer (re-Hausemaid, etc. If the occupation has been changed household only (not paid Hausekeepers who receive a Fareman, For many occupations a single word or term on especially in industrial employments, it is necesyrs). (b) Cottan mill; (a) Salesman, (b) Gracery; man, (b) Autamobile factory. The material Stationary fireman, etc. But in many For persons who have no occupation

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospikal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumania, Branchopneumonia ("Pneumonia,"

Examples: Accidental drowning; Struck by railway train-"Deblity" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease "PUERPERAL septicaemia," "PUERPERAL peritanitis, causing death), 29 ds.; Bronchopneumania (secondary), stated unless important. use of "Tumor" for malignant neoplasms); Measles; inges, perilanacum, etc., Carcinoma, Sarcama, etc., of unqualified, is indefinite); Tuberculosis of lungs, mencarbalic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-hamicide; Paisoned by or as prabably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJURY State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all tions, such as "Asthenia," "Anaemia" (merely symptom-(secondary or intercurrent) affection need not be Chronic interstitial nephritis, Whooping cough; American Medical Association.) as fracture of skull, and consequences (e.g., sepsis, danus) may be stated under the head of "contributory." pproved by Committee on Recommendations on statement of cause of death "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-. (name origin; "Cancer" is less definite; avoid Chronic valvular heart disease; Example: Measles (disease etc. The contributory Nomenclature of the

at this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

The standard and the standa

V. S. No. 1

| PLACE OF DEATH | STATE OF MARYLAND |
|---|---|
| County Clegacy | CERTIFICATE OF DEATH |
| Village or City Westerray (No. 1 St. | Registration Dist. No. St.: Ward) (If death occurred in a hospital or institution, give its NAME instead of etreet and number.) |
| PERSONAL AND STATISTICAL PARTICULARS | MEDICAL GERTIFICATE OF DEATH |
| A COLOR OF RICE 5 SINGUE. MARRIED. SULGE WIDOWED. OR DIVORCED (Write the word) | 16 DAFE OF DEATH (Month) (Day) (Year) |
| 6 DATE OF BIATH (Month) (Day) (Year) | 17 Sept. 8 130 to Jun 17 , 1931 that I last saw her alive on Jun 16 , 1931 |
| 7 AGE // yrsmosl ds. ormin.? | and that death occurred on the date stated above, at & A. m The CAUSE OF DEATH * was as follows: |
| a OCCUPATION (a) Trade, profession or particular kind of work | with general metatasis. |
| (b) General nature of industry business, or establishment in which employed or (employer) | (Duration) Oyrs. 4 mos. 7 ds. |
| 9 BIRTHPLACE (State or country) Justice for Management (State or country) | Contributory Secondary (Dyration) Ts |
| 10 NAME OF HUM PStuding | (Signed) Paul Allers M. D. M. |
| 11 BIRTHPLAKE OF FATHER (State or country) (State or country) (State or country) | *State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal. |
| 12 MAIDEN NAME OF MOTHER 13 BIRTHPLACE | 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transionts or Recent Residents) |
| OF MOTHER (State or Country) | At place of deathyrsmosds. In the Stateyrsmosds Where was disease contracted, |
| 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE | if not at place of death? |
| (Informant) (Address) Ustlerpus (Address) | 19 PLACE OF BURIAL OR REMOVEL BATE OF BURIAL POW 19, 1934 |
| 15 Filed / - / 9 - 192 / - / Registrar | 20 UNDERTAKER ADDRESS |
| If more branks are needed, address State Registra | r, 16 W. Saratoga St., Balto., Requesting V. S. Ne. 1. |

(Approved by U. S. Census and American Public Health Association.)

tired 6 yrs). state occupation at beginning of illness. If retired from work, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken Spinner, (b) Cotton mill; (a) Solesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (0) whatever, write None. business, that fact may be indicated thus; Forther (reor given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servont, Cook, definite salary), may be entered as Housewife, Houseloborer, Farm loborer, Laborer-Coal mine, etc. Wom-en at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealadditional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of oc-Housemaid, etc. If the occupation has been changed nature of the business or industry, and therefore an Physician, Compositor, Architect, Locomotive engineer, tion applies to each and every person, irrespective of household only (not paid Housekeepers who receive a report specifically the occupations of persons en-For many occupations a single word or term on without more precise specification as Doy For persons who have no occupation

Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebros; inal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

> American Medical Association.) "Exhaustion," "Heart Langue," "Old Age," "Shock," "Inanition," "Marasmus," "Old Age," "Shock," when a definite disease approved by Committee on letanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The nature of the injury. accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. "PUERPERAL seplicaemia," "PUERPERAL perilonilis," elc. "Debility" ("Congenital," "Senile," etc.), "Dropey, "Exhaustion," "Heart failure," "Haemorrhage," stated unless important. Example: Measles (disease (Recommendations on statement of cause of death as fracture of skull, and consequences (e. g., sepsis, Examples: Accidental drowning; Struck by railway trainand qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJURY State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of "Uraemia," "Weakness," etc., when a definite disease (secondary or intercurrent) affection need not be Chronic interstitial nephritis, Whooping cough; use of "Tumor" for malignant neoplasms); Measles; (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, men-"Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-Chronic valvular heart etc. Nomenclature of the The contributory

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| PERSONAL AND STATISTICAL PARTICULARS 3 SEX COLOR OR RACE 5 SINCLE, MARKIER MIDONE Month) (Pay) (Year) | ECORD | tated EXACTLY, PHYSIC roperly classified. Exact certificate. | PLACE OF DEATH County Alegans THIN CORPORATE LIMITS Village or City Cumbuland (No Alle 2 FULL NAME John Strong | STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist, No. Gang Counts (Maryland) (If death occurred in a hospital or institution, give its NAME intend of street and mumber.) |
|--|--|---|---|--|
| | WRITE P. W.T.H. UNFADING INKTHIS IS A PER NEN- | of information should be carefully supplied ACE should be suid state CAUSE OF DEATH in plain terms so that it may be prof OCCUPATION is very important. See instructions on back of | MARRIED WIDOWED OR DIVORCED (Write the word) 6 DATE OF BIRTH July (Month) (Day) (Year) 7 AGE Jocupation (a) Trade, profession or particular kind of work. (b) General nature of industry business, or establishment in which employed or (employer) 8 BIRTHPLACE (State or country) Maryland 10 NAME OF FATHER (State or country) Particular NAME OF MOTHER (State or country) Maryland 12 MAIDEN NAME OF MOTHER (State or country) Maryland 13 BIRTHPLACE (State or country) Maryland 14 THE ABOVE IS TRUE TO THE BEST OF MY ENOWLEDGE (Informant) Address Met Auror My Enowledge (Address Met Auror My Enowledge) 15 Filed Am. 17, 1921: Humry Merids | (Month) (Day) (Year) I HEREBY CERTIFY, That I attended the deceased from 1921, to 1921, to 1923, to 1 |

FEB 5 1931
BURRAN V. S.

(Approved by U. S. Census and American Public Health Association.)

tired 6 yrs). state occupation at beginning of illness. If retired from ployed, as At school, or At home. Care should be taken fulness of various pursuits can be known. The quescupation is very important, so that the relative healthgaged in domestic service for wages, as Scruant, Cook work, or At Home, and children, not gainfully em-Spinner, (b) Cotton mill; (a) Salesman, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of Statement of Occupation-Precise statement of ocwhatever, write None. business, that fact may be indicated thus; Farnicr freor given up on account of the DISEASE CAUSING DEATH. Housemuid, etc. If the occupation has been changed to report specifically the occupations of persons endefinite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Physician, Compositor, Architect, Locomolive engineer, household only (not paid Housekeepers who receive a etc., Foreman, (b) Automobile factory. The material especially in industrial employments, it is neces-For many occupations a Farm laborer, Laborer-Coal mine, etc. Womwithout more precise specification as Day For persons who have no occupation single word or term on (b) Grocery,

Statement of Cause of Death—Name, first, the pisease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic derebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

(clanus) may be stated under the head of "contributory." approved by Committee on Nomenclature (Recommendations on statement of cause of death accident; Revolver wound of head-homicide; Poisoned by diseases resulting from childbirth or miscarriage as "PUERPERAL septicuemia," "PUERPERAL peritonitis," etc. "Inanition," "Marasmus,
"Uraemia," "Weakness," etc., whon a definite discase (secondary or intercurrent) affection need not be stated unless important. Example: Measles (disease Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis, etc. The contributory American Medical Association.) as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury, or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJURY State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all "Debility" ("Congenital," "Senile," etc.), "Dropsy," ("Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), use of "Tumor" for malignant neoplasms); Measles; (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, men-Examples: Accidental drowning; Struck by railway train-"Atrophy," "Collapse," "Coma," "Convulsions, perilonaeum, etc., Carcinoma, Sarcoma, etc., of Never report mere symptoms or terminal condi-

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| MARGIN RESE | W TE PL WITH UNFADING INF | N. B Every Item of Information should be carefully CIANS should start CAlise CE DEATH IS ALL |
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| No. 1 | # A A A | m |

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| | 4 000000 |
|---|---|
| PLACE OF DEATH | # 1 00078 STATE OF MARYLAND |
| County | (46) CERTIFICATE OF DEATH |
| NIS COMPORATE LIMITS OF | Registration Dist. No. 298/4 |
| Sumberland, Md 880 Gepha | ert. Drive |
| 2FULL NAME Margart . L. Vandergri: | St.: Ward) (If death occurred in |
| PERSONAL AND STATISTICAL PARTICULARS | MEDICAL CERTIFICATE OF DEATH |
| SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, | 16 DATE OF DEATH |
| F WIDOWED. OR DIVORCED (Write the word) | Jen 7th 1931 , 192 |
| DATE OF BIRTH | 17 I HEREBY CERTIFY, That I attended the deceased from |
| Mar 23 1855 | Alto 20th 1930. to place 6th, 198/, |
| (Month) (Day) (Year) | that I last saw h Y alive on // (, 1927/, |
| AGE [If LESS than | and that death occurred on the date stated above, atm, |
| 75 9 15 I dayhrs | |
| yrsmosds. ormin, | Carcinonia Gastric |
| (a) Trade, profession or At Home | Caratte Land |
| (b) General nature of industry | |
| business, or establishment in which employed or (employer) | (Duration) yrs, 6 mos ds, |
| | Contributory |
| (State or country) | Secondary (Duration) vrs. mos. ds. |
| 10 NAME OF FATHER ISIC. Hynes | (Signed). S. H. White M. D. |
| V | 1/7 198/ (Address) Campberland |
| 11 BIRTHPLACE OF FATHER WVA | |
| (State or country) | *State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal. |
| of Mother Nancy Dolan | 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- |
| 13 BIRTHPLACE | ients or Recent Residents) |
| OF MOTHER WVa (State or Country) | At place of deathyrsmosds. In the Stateyrsmosds. |
| THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE | Where was disease contracted, if not at place of dea.h? |
| (Informat) John.I. Vandergrift. | Former or usual residence |
| (Informant) Cumberland. Md | 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL |
| (Address) | Elenezer Wva Jan. Ptj. 1931 , 19 |
| 2 1 1 2/21: | 20 UNDERTAKER ADDRESS |
| Filed Mele 25, 1921 - Harvey N. Welson | John. C. Wolford Cumberland. Md |
| | |

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If more branks are needed, address tate Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

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spinal meningitis"); Diphtheria (avoid use of "Croup"); ed term for the same disease. Examples: Cerebrospinal EASE CAUSING DEATH (the primary affection with respect Statement of Cause of Death-Name, first, the DISfever (the only definite synonym is "Epidemic cerebro-Typhoid fever (never report "Typhoid Pneumonia"); to time and causation), using always the same acceptpneumonia, Bronchopneumonia ("Pneumonia,

stated unless important. inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid "Debility" ("Congenital," "Senile," etc.), "Dropsy," ("Exhaustion," "Heart failure," "Ilaemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, mendiseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL pertionitis" etc. tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), Chronic interstitial nephritis, letanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by and qualify as ACCIDENTAL, SUICIDAL, or HEATICIDAL, or as *probably* such, if impossible to determine definitely. taken. For violent deaths state means of injuly State cause for which surgical operation was undercan be ascertained as the cause. 10 ds. Never report mere symptoms or terminal condi-(secondary or intercurrent) affection need not be Whooping cough; American Medical Association approved by Committee on (Recommendations on statement of cause of as fracture of skull, and consequences (e. g., sepsis, Examples: Accidental drowning; Struck by railway train-"Atrophy," "Collapse," "Coma," "Convulsions, Chronic valvular heart disease; Example: Measles (disease etc. The Nomenclature Always qualify all contributory

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| PLACE OF DEATH County Cle game | STATE OF MARYLAND CERTIFICATE OF DEATH |
|--|--|
| Village or City Level (No. 601 7) 2FULL NAME George 7: | Registration Dist. No. (If death occurred in a hospital or institution, give its NAME in stead of street and number.) |
| PERSONAL AND STATISTICAL PARTICULARS | MEDICAL CERTIFICATE OF DEATH |
| 3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED. OF WORCED OF WORCED | 16 DATE OF DEATH Month) (Day) (Year) |
| (Month) (Day) (Year) | HEREBY CERTIFY, That I attended the deceased from |
| TAGE If LESS than | and that death occurred on the date stated above, at 16 30 Pm. The CAUSE OF DEATH * was as follows: |
| (b) General nature of industry business, or establishment in which employed or (employer Relicus) | (Durstion) www.mosde. |
| 9 BIRTHPLACE (State or country) 10 NAME OF FATHER 11 BIRTHPLACE OF FATHER (State or country) 11 State or country) | (Signed) (Durstind) (Durstind) (M. D. W. L. |
| 12 MAIDEN NAME OF MOTHER 13 BIRTHPLACE OF MOTHER (State or Country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE | 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents) At place In the of death yrs mos ds. State yrs mos ds. Where was disease contracted, if not at place of death? |
| (Informant) Mes Dagnes (Address) 601 Lawey H. Jeiss Registral | Former or usual residence 19 PLACE OF BURIAL OR REMOVAL 20 UNDERTAKER PARENCE OF BURIAL PROPERTY OF BU |
| If more bianks are needed, addre.s State Registrar | 16 W. Saratoga St., Balto., Requesting V. S. No. 1. |

REVISED CERTIFICATE OF DEATH UNITED STATES STANDARD

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed definite salary), may be entered as Housewife, Houseer," etc., without more precise specification as Lay laborer, Farm laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the Spinner, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of octired 6 yrs). For persons who have no occupation Physician, Compositor, Architect, Locomotive engineer, whatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a Never return "Laborer," "For man," "Manager," "Dealworked on may form part of the second statement. Foreman, (b) Automobile factory. The material first line will be sufficient, e. g., Farmer or Planter, 07 For many occupations a single word or term on (b) Cotton mill; (a) Salesman, (b) Grocery; At Home, and children, not gainfully em-Stationary fireman, etc. But in many

spinal meningitis"); Diphtheria (avoid use of "Croup ed term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebro-EASE CAUSING DEATH (the primary affection with respect Statement of Cause of Death-Name, first, the Dis-Lobar pneumonia, Bronchopneumonia ("Pneumonia, Typhoid fever (never report "Typhoid Pneumonia"); to time and causation), using always the same accent-

> inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid approved by Committee on Nomenclature of the (Recommendations on statement of cause of death telajus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. For VIOLENT DEATHS state MEANS OF INJURY State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Uraemia, ""Weakness," etc., when a definite disease "(Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. (secondary or intercurrent) affection need not be Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis, etc. The contributory use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) "Atrophy." "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-Example: Measles (disease

data is essential and must be obtained before the certificate is permanently filed. answered in detail, it will prevent further correspondence. All the If this certificate is looked over thoroughly and all questions

| Rieg Felos after Jane repert marient | |
|---|---|
| PLACE OF DEATH | 50080 STATE OF MARYLAND |
| County allegany | CERTIFICATE OF DEATH |
| ~ U | Registration Dist. No. |
| Village or City moscow (No | St.: Ward) (If death occurred in a hospitual or institution, give its NAME in stead of street an number.) |
| PERSONAL AND STATISTICAL PARTICULARS | MEDICAL CERTIFICATE OF DEATH |
| 3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED. OR DIVORCED (Write the word) | 16 DATE OF DEATH (Month) (Day) (Year) |
| 6 DATE OF BIRTH (Month) (Day) (Year) | 17 I HEREBY CERTIFY, That I attended the deceased from |
| 7 AGE If LESS than 1 day hrs. mos. ds. or 35 min.? | and that death occurred on the date stated above, at 7. 45A m The CAUSE OF DEATH * was as follows: |
| (a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in which employed or (employer) | (Duration) yrs 35 mos de |
| 9 BIRTHPLACE (State or country) Maryland 10 NAME OF FATHER William + Warring | Contributory Secondary (Durstion) (Signed) (Signed) (Signed) (M. D. Colorwald M. D. Colorwald |
| 11 BIRTHPLACE OF FATHER (State or country) (State or country) | *State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal. |
| of MOTHER Flacure Haghes | 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents) |
| 13 BIRTHPLACE OF MOTHER (State or Country) Maryland | At place of deathyrs |
| 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE | if not at place of dea.h? Former or usual residence |
| (Informant) Survey Survey. | Jaurel Hill Date of Burial |
| Filed 1-20 1921 J. a. Bouchelle Registrar | M. Filhour Consisting Te |
| If more bianks are needed, addre.s State Registrat | r, 16 W. Saratoga St., Balto., Requesting V. S. No. 1. |

(Approved by U. S. Census and American Public Health Association.)

work, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of octired 6 yrs). For persons who have no occupation state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the Spinner, (b) Cotton mill; (a) Salesman, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of whatever, write None. to report specifically the occupations of persons ener," etc., Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. (a) Foreman, (b) Automobile factory. The material business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, For many occupations a single word or term on especially in industrial employments, it is neces-Farm laborer, Laborer-Coal minc, etc. Womwithout more precise specification as Day 6 Grocery;

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia,"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

"Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," stated unless important. Example: Measles (disease inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "Exhaustion," "Heart failure," "Haemorrhage, "Inanition," "Marasmus," "Old Age," "Shock, 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), use of "Tumor" for malignant neoplasms); Measles; (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) approved by Committee on Nomenclature of the tclanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. For VIOLENT DEATHS state MEANS OF INJULY State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease (secondary or intercurrent) affection need not be Whooping cougn; Curouse Chronic interstitial nephritis, Whooping cough; Recommendations on statement of cause of death "Atrophy," "Collapse," "Coma," "Convulsions, Chronic valvular heart disease; etc. The contributory

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

N. B.--Every Item of information should be carefully supplied. ACE should be stated EXACTLY, PHYSI-CIANS should state CAUSE OF DEATH in plain terms so that it may be properly classified. Exact ENT MARGIN RESERVED FOR BINDING , WITH UNFADING INK--THIS IS A PERM WRITE PL V. S. No. 1

| PLACE OF DEATH County Allegan | STATE OF MARYLAND CERTIFICATE OF DEATH |
|---|--|
| WITHIN CORPORATE I MITS Village or City Les land (No. 422 | Registration Dist. No. 4 Registration Dist. No. 4 Oracle St.: 6 -2Ward) (If death occurred in the street or institute of |
| 2FULL NAME Ellew We | tion, give its NAME in stead of street and number.) |
| PERSONAL AND STATISTICAL PARTICULARS | MEDICAL CERTIFICATE OF DEATH |
| Temale Viete (Write the work) | 16 DATE OF DEATH January - 7, 193/ (Month), (Day), (Year) |
| 6 DATE OF BIRTH Teb 26 , 18 4 (Month) (Day) (Year) | 17 I HEREBY CERTIFY, That I attended the deceased from 4 Jan - 4 192/ to flu 7 , 192/ |
| 7 AGE If LESS the I day him or min | rs. The CAUSE OF DEATH * was as follows: |
| (a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in which employed or (employer) | (Duration) Jys. mos. ds. |
| 9 BIRTHPLACE (State or country) 10 NAME OF FATHER NOT Known 11 BIRTHPLACE | (Signed) (Address) 213 19 all full Nation |
| OF FATHER Z (State or country) 12 MAIDEN NAME | *State the Liscase Causing Death, ec, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal. |
| OF MOTHER 13 BIRTHPLACE OF MOTHER | 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents) At place In the |
| (State or country) | of deathyrsmosds. 5tateyrsmosds. Where was disease contracted, |
| (Informant) Will Wingate | il not at place of death? Former or usual residence. 19 PLACE OF BURIAL OR REMOVAL |
| (Address) 422 brolleft Pity 15 Filed Jan. 9, 1921, Havey Hillers Registral | Harkers Terry W. Va Jam 10 19 7 6 20 Undertaker Jahress |
| | rar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1. |

(Approved by U. S. Census and American Public Health Association.)

ployed as At school, or At home. Care should be taken definite salary, may be entered as Housewife, Housetired 6 yrs). state occupation at beginning of illness. If retired from household only (not paid Housekeepers who receive a should be used only when needed. As examples: (a) additional line is provided for the latter statement; it fulness of various pursuits can be known. The quesbusiness, that fact may be indicated thus; Farmer (reen at home, who are engaged in the duties of the er," etc., Spinner, sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necesthe first line will be sufficient, e. g., Farmer ar Planter, Statement of Occupation-Precise statement of ocwhatever, write None. or given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook, to report specifically the occupations of persons enworked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager." "Deal-(a) Foreman, (b) Automobile factory. The material nature of the husiness or industry, and therefore an Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, tion applies to each and every person, irrespective of cupation is very important, so that the relative healthor At Home, and children, not gainfully om-For many occupations a single word or term on Form laborer, Laborer-Coal mine, etc. Wom-(b) Cotton mill; (a) Salesman. without more precise specification as Day For persons who have no occupation (b) Grocery;

Strtement of Cause of Death—Name, first, the DISEAL CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fener (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia,"; Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

saiswered in detail, it will prevent further correspondence. All the

permanently filed.

If this certificate is looked over thoroughly and all questions Recommendations on statement of cause of death as fracture of skull, and consequences (e. g., sepeis, arcident; Revolver wound of head—homicide; Poisoned by earbolic acid—probably suicide. The nature of the injury. "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," inges, peruonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid American Medical Association.) telanus) may be stated under the head of "contributory." or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. For violent deaths state means of injuly State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL perilonitis, can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease atic), "Atrophy," "Collapse," "Coma," "Convulsions, causing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. approved by Committee on Nomenclature Examples: Accidental drowning; Struck by railway traindiseases resulting from childbirth or miscarriage as tions, such as "Asthenia," "Anaemia" (merely symptom-(secondary Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis, etc. The contributory Whooping cough; use of "Tumor" for malignant neoplasms); Meusles; unqualified, is indefinite); Tuberculosis of lungs, men-Never report mere symptoms or terminal condior intercurrent) affection need not be ss important. Example: Measles (disease etc. The contributory

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| I item of information should be carefully supplied. ACE should be stated EXACTLY, | IS should state CAUSE OF DEATH In piain terms so that it may be properly classifle | ement of OCCUPATION is very important. See Instructions on back of certificate. |
| | | |

PLACE OF DEATH STATE OF MARYLAND ALLEGENY CERTIFICATE OF DEATH County WITHIN CORPORATE LIMITS Registration Dist. No. Village or City CUMBERLAND, MD. MEMORIAL HOSPITAL (If death occurred in a hospital or institu-tion, give its NAME insteed of street and 2FULL NAME CARRIE YOUNG number.) PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH SSINGLE, WIDOWET 3 SEX 4 COLOR OR RACE 16 DATE OF DEATH MARRIED. WIDOWED. JANUARY 22 1931 , 192 FEMALE WHITE OR DIVORCED (Write the word) (Month) (Day) (Year)..... I HEREBY CERTIFY, That I attended the deceased from 6 DATE OF BIRTH APRIL .30, 1866 (Month) (Day) (Year) IIf LESS than 7 AGE and that death occurred on the date stated above, at, I day hrs. The CAUSE OF DEATH * was as follows: or min. 8 OCCUPATION (a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in (Duration) which employed or (employer) Contributory 9 BIRTHPLACE Secondary (State or country) MARYLAND 10 NAME OF FATHER DR. I. A. MANN --- 1923/ (Address) .. 11 BIRTHPLACE *State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal. FNH OF FATHER VIRGINIA (State or country) 12 MAIDEN NAME 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-OF MOTHER MARY C. HOUSEHOLDER ients or Recent Residents) 13 BIRTHPLACE At place In the OF MOTHER VIRGINIA of death ... (State or Country) Where was disease contracted, MEMORIAL HOSPITAL if not at place of death? 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE usual residence. MEMORIAL HOSPITAL (Informant) DATE OF BURIAL CUMBERLAND.MD. Every CIAN state (Address) 15 If more branks are needed address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1

DR.WILLIAMS

Received the second

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public Health Association.)

whatever, write None. tired 6 yrs). For persons who have no occupation state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, should be used only when needed. As examples: (a) sary to know (a) the kind of work and also (b) the business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH. Housemaid, etc. If the occupation has been changed ployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, (b) Cotton mill; (a) Salesman, (b) additional line is provided for the latter statement; it nature of the business or industry, and therefore an Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, fulness of various pursuits can be known. cupation is very important, so that the relative health-Statement of Occupation-Precise statement of octo report specifically the occupations of persons enlaborer, worked on may form part of the second statement. tion applies to each and every person, irrespective of ." etc., Foreman, or At Home, and children, not gainfully em-For many occupations a single word or term on especially in industrial employments, it is neces-Farm laborer, Laborer-Coal mine, etc. Womwithout more precise specification as Day (b) Automobile factory. The The quesmaterial Grocery;

Statement of Cause of Death—Name, first, the DISEACE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrokping! fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

tetanus) may be stated under the head of "contributory." us fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury. accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. FOR VIOLENT DEATHS STATE MEANS OF INJUNY State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify ali "Inanition," "Marasmus," "Old Age," "Shock," "Debility" ("Congenital," "Senile," etc.), "Dropsy," ("Exhaustion," "Heart failure," "Haemorrhage, atic), "Atrophy," "Collapse," (secondary or intercurrent) affection need not be stated unless important. Example: Measles (disease inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid Examples: Accidental drowning; Struck by railway train-"Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) approved by Committee on Recommendations on statement of cause of death Never report mere symptoms or terminal condiinterstitial nephritis, cough; Chronic " "Coma," "Convulsions, valvular heart disease; etc. The contributory Nomenclature

If this certificate is looked over thoroughly and all questions an exercise in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

| PLACE OF PEATH | 00083 STATE OF MARYLAND |
|--|--|
| County Ollegany WITHIN COMPONATE LINE | CERTIFICATE OF DEATH |
| * C | Registration Dist. No. |
| Village or City Welling (No. 5) 2FULL NAME Dune Rube | St.: Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.) |
| PERSONAL AND STATISTICAL PARTICULARS | MEDICAL CERTIFICATE OF DEATH |
| 3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, Married WIDOWED, Married (Write the word) | 16 DATE OF DEATH 5 , 1928 / (Month) (Day) (Year) |
| 6 DATE OF BIRTH (Month) (Day) (Year) | 17 I HEREBY CERTIFY, That I attended the deceased from 192 O. to |
| 7 AGE 7 yrs. // mos. /7 ds. or min.? | |
| B OCCUPATION (a) Trade, profession or particular kind of work (b) General nature of industry | Chronic ungoenditio |
| business, or establishment in which employed or (employer) | (Durstion) yrs. mos. ds. |
| (State or country) 10 NAME OF SATHER FATHER (State or country) | Secondary (Dusation) yts mos ds. (Signed) M. D. |
| 11 BIRTHPLACE OF FATHER (State or country) Boston. man. | *State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal. |
| of MOTHER Sara Ann Will: | 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- |
| 13 BIRTHPLACE OF MOTHER (State or country) Baltimore and. | ients or Recent Residents) At place In the of death yrs |
| (Informant) | if not at place of desth? Former or usual residence |
| (Address) Frotting Till | alledamy en fan 4, 19.3/ |
| Filed /4 13/ A.M. am A. Registrar | 20 UNDERTAKER (VADDRESS) INDUSTRACE INDUSTRA |
| If more blanks are needed, address State Registra | W. Saratoga St., Balto., Requesting V. S. No. 1. |

(Approved by U. S. Census and American Public Health Association.)

should be used only when needed. As examples: (a) additional line is provided for the latter statement; it Civil engineer, Stationary fireman, etc. But in many fulness of various pursuits can be known. The ques-Statement of Occupation-Precise statement of ocstate occupation at beginning of illness. If retired from er," etc., Spinner, (b) Cotton mill; (a) sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necesthe first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of cupation is very important, so that the relative healthwhatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Scrvant, Cook, Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealnature of the business or industry, and therefore an Physician, Compositor, Architect, Locomotive engineer, Foreman, For many occupations a single word or term on 9 yrs). For persons who have no occupation Farm laborer, Laborer-Coal mine, etc. At Home, and children, not gainfully emwithout more precise specification as Day (b) Automobile factory. The material Salcsman, (b) Grocery; Wom-

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same adcepted the same and causation, using always the same adcepted the fever (the same disease. Examples: Cerebrospinus fever (the only definite synonym is "Epidemic cerebros; inal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"). Lobar pneumonia, Bronchopneumonia ("Pneumonia").

American Medical Association.) approved by telanus) may be stated under the head of "contributory." "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, tions, such as "Asthenia," "Anaemia" (merely symptomstated unless important Example: Measles (disease inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., oi (name origin; "Cancer" is less definite; avoid carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Uraemia, "Inanition, (secondary or intercurrent) use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, monas fracture of skull, and consequences (e.g., sepsis, State cause for which surgical operation was undercausing death), 29 ds.; L. Chronic interstitial nephritis, Whooping Recommendations on statement of cause of death Examples: Accidental drowning; Struck by railway train-"Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS State MEANS OF INJURY "" "Weakness," etc., when a definite disease cough; " "Marasmus," "Old Age," "Shock, Committee on Chronic chopneumonia (secondary), etc. affection need valvular heart Nomenclature The contributory disease; not be

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